DOCUMENT RESUME

ED 293 302 EC 202 519

AUTHOR	Decker, Marcia, Ed.
TITLE	Handicapped Children's Early Education Program. 1986-87 Directory.
INSTITUTION	State Technical Assistance Resource Team, Chapel Hill, NC.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	Sep 87
GRANT	G00-84C-3515
NOTE	222p.; For the 1985-86 and 1987-88 editions, see ED 280 250 and EC 210 303.
PUB TYPE	Reference Materials - Directories/Catalogs (132)
EDRS PRICE	MF01/PC09 Plus Postage.
DESCRIPTORS	Contracts; Cooperative Planning; Delivery Systems; Demonstration Programs; *Disabilities; Early Childhood Education; Exceptional Child Research; Federal Aid; *Federal Programs; Grants; *Intervention; Outreach Programs; *Special Education; State Programs; Technical Assistance; *Young Children
IDENTIFIERS	*Early Intervention; *Handicapped Childrens Early Education Program

ABSTRACT

This directory lists projects supported by grants and contracts from the Handicapped Children's Early Education Program (HCEEP) of the U.S. Office of Special Education Programs. An introduction by Thomas Finch describes the HCEEP network and the results of a recent evaluation study. An overview section summarizes, both verbally and statistically, the activities of the five types of HCEEP projects: demonstration, outreach, and state plan grant projects; early childhood research institutes; and the technical assistance center. The directory contains descriptions for each of the 171 HCEEP projects. The descriptions contain such information as address, telephone number, and key personnel of the project; fiscal and administrative agencies; major goals; characteristics of target population; program activities; evaluation approaches; interagency activities; and features and products. An index provides access to the directory listings by demographic and operating characteristics, such as handicapping conditions of children served, parent activities offered, curricula used, etc. (JDD)

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1986–87 DIRECTORY

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Handicapped Children's Early Education Program

Produced by the
State Technical Assistance Resource Team,
for the Office of Special Education Programs,
U.S. Department of Education

EC 202519

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1986–87 DIRECTORY

Handicapped
Children's
Early
Education
Program

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The 1986–87 Handicapped Children's Early Education Program Directory was produced by the State Technical Assistance Resource Team (START), a program of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill. START is located at 500 NCNB Plaza, Chapel Hill, North Carolina 27514 (tel. 919-962-2001).

This book was prepared pursuant to grant number G00-84C-3515 from the Office of Special Education Programs, U.S. Department of Education. Grantees undertaking such projects under government sponsorship are encouraged to express freely their judgment in professional and technical matters. Points of view or opinions, therefore, do not necessarily represent the Department of Education's position or policy. The contents of this book are presented for information purposes only; no endorsement is made.

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September 1987

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Preface

This document, produced by the State Technical Assistance Resource Team (START) for the Office of Special Education Programs (OSEP) of the U.S. Department of Education, is a directory of projects supported by OSEP grants and contracts in the Handicapped Children's Early Education Program (HCEEP). This document also presents an overview of HCEEP's activities.

The *1986–87 HCEEP Directory* contains five sections:

- The **Introduction** describes the HCEEP network and the results of a recent evaluation study.
- The **Overview** section summarizes the activities of the five types of HCEEP projects: demonstration, outreach, and state plan grant projects; early childhood research institutes; and the technical assistance center.
- The **Project List** shows all 171 projects and the page number of each project's abstract in the Directory section. These page numbers also represent the projects in the Index.
- The **Directory** section contains abstracts for each of the 171 HCEEP projects.
- The **Index** provides a guide to projects' pertinent characteristics (handicapping conditions of children served, parent activities offered, curricula used, etc.)

The *1986–87 HCEEP Directory* outlines the national effort of the HCEEP network in a manageable format that can be used by persons directly or indirectly involved in that effort. Families may look to this document to find programs that can help their children. Service providers may use this document to collaborate with other professionals. Lawmakers, administrators, and other policymakers may refer to this document for a comprehensive portrait of the diverse activities their decisions may affect.

OSEP and START hope that the *1986–87 HCEEP Directory* will stimulate interest in the needs of America's young children with handicaps and their families and further the aim of HCEEP—to create more and better services for all young children with handicaps.

Introduction

Thomas E. Finch, Acting Branch Chief
Early Childhood Branch
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U.S. Department of Education

The Handicapped Children's Early Education Program (HCEEP) was established in 1968 with a mandate to set up model demonstration programs for the delivery of special education and related services to young children with handicaps from birth through the third grade. In the congressional hearings that led to the passage of legislation establishing HCEEP, three major needs were identified for early intervention programs: the need for locally designed ways to serve infants, young children, and their families; the need for more specific information on effective programs and techniques; and the need for distribution of visible replicable models throughout the country.

Major assumptions in establishing HCEEP were (1) that only through early intervention with tested and successful program models would those concerned with assisting handicapped children be able to provide best services, and (2) that HCEEP should provide models of services rather than be a direct service delivery program. HCEEP was intended to provide an opportunity for any public or private nonprofit organization to develop and demonstrate high-quality services for a selected group of children and their families. It also was intended to provide an opportunity to demonstrate the effectiveness of locally designed approaches and disseminate those ideas across the nation to other agencies that might choose to use the model rather than develop their own program.

HCEEP began as a small program with 24 demonstration projects. It developed through the years into a major program with six separate, complementary components. In 1986–87 HCEEP funded 79 demonstration projects, 30 outreach projects, 57 State Plan Grant projects, four research institutes, and one technical assistance center. The sixth and final component was the Preschool Incentive Grant program.

Demonstration Projects

In 1986–87, 79 demonstration projects were sponsored by private nonprofit agencies and organizations, local schools, universities, and state educational agencies. These projects provided models for the delivery of education and related services to young children with handicaps and their families. Demonstration project models addressed child identification and assessment, education/therapeutic programming for children, evaluation of child progress, active parent/family participation, in-service training, coordination with public schools and other agencies, evaluation of project activities, and demonstration and dissemination of project information.

Though wide geographic distribution of these demonstration projects has been emphasized throughout HCEEP's existence, the program has maintained its cohesiveness through HCEEP's growing emphasis on interagency and interproject collaboration and coordination. The networking afforded through funded projects and the technical assistance by the HCEEP technical assistance center have created a cohesive national program and helped to develop professional knowledge and expertise.

Demonstration projects have proven their effectiveness. An early study indicated that approximately 80 percent of the demonstration projects (and programs that replicated the demonstration models) continued to operate in their respective communities after their federal funding ended. The study also showed that many children learned one and one-half to two times the educational skills they would have been expected to learn without project experiences. These findings indicate that many young children with handicaps are capable of making greater gains in the crucially important early years than previous prognoses had indicated.

Outreach Projects

The outreach component began in 1972 with two goals: (1) to promote and increase high-quality services to preschool handicapped children birth to age 8 years and their families, and (2) to stimulate replication of innovative models developed and refined during the HCEEP demonstration phase.

Outreach projects engage in the following six types of activities: awareness, product development and distribution, stimulating high-quality sites for service delivery, promoting state involvement, training, and other specific consultative assistance. Outreach projects may engage in one or more of these activities. All outreach projects, however, also must provide direct services to children and families. This component of their project must be supported by funds secured outside of HCEEP.

A variety of unique programs operated during 1986–87. Several projects served as resources to state departments of.education and other state agencies to expand and improve services for infants and preschool handicapped children. One project utilized an innovative computer curriculum to help children with functional or structural handicaps interact with their environment. A number of projects focused on particular disability areas, such as sensory impairments or learning disabilities. Other distinctive approaches included dissemination of a curriculum that emphasizes functional communication; working with fathers of children with special needs; training professionals in the provision of mainstreaming options for young children with handicaps; and providing appropriate services to children and families from diverse cultural backgrounds.

Originally, only HCEEP demonstration projects were eligible to apply for outreach funds. P.L. 98–199, however, has allowed other programs with similarly documented capabilities to apply for outreach funding.

Outreach efforts have been major contributors to the networking of effective programs for young children. Outreach program directors have demonstrated steady effort to build continuity and interagency/interstate collaborations, and to provide better training and services.

State Projects

The third component, state grants, was introduced in 1976. The state implementation grant (SIG) program was designed to help state educational agencies develop their capacity to plan for the development and expansion of early intervention services for children with handicaps. SIGs helped states by making available trained personnel for needs and resource assessment and detailed planning with state-level coordination of services among agencies. SIGs were funded at various levels because of the wide diversity of state legislative mandates, appropriation levels, percentages of young children served, experience with preschool and early intervention, interagency coordination, and resources.

In 1984–85, P.L. 98–199 instituted a new HCEEP state grant program, the State Plan Grant, which was awarded to state educational agencies or other appropriate state agencies to plan, develop, and implement a comprehensive service delivery system for the provision of special education and related services to handicapped children birth through age 5 years. The State Plan Grant program replaced the SIG program with the following three types of grants:

- In the **planning** phase, funding was available for a maximum of two years for states to conduct a needs assessment and develop procedures and designs for the development of a State Plan. At the conclusion of the two-year award, states were expected to delineate the service needs within the state for young handicapped children from birth and their families, describe the types of services that were available to serve this population, and determine the types of services that were needed, but were not available. Interagency agreements were negotiated or the procedures states would utilize to complete these agreements were defined. The operational/procedural plan which states developed served as a basis for the second phase of these grants.

- In the **development** phase, funding was available for a maximum of three years for states to demonstrate their design for a comprehensive State Plan and obtain approval from the state's board of education, commissioner of education, or other designated official of the appropriate state agency. States also were expected to summarize established and maintained standards, including regulations, legislation, and policy for making services available for the birth-through-age-5 population; describe training activities at the state and local level for special educators and related personnel, including primary caregivers; describe criteria established to evaluate the effectiveness and impact of the proposed plan; and provide current demographic information on handicapped children birth through age 5 years.
- In the **implementation** phase, funding was available for a maximum of three years to states that had completed the development phase and obtained approval of their plan from an appropriate state agency. During this phase the pilot demonstrations begun under the development phase would be expanded to other portions of the state and territory.

P.L. 98–199 specified that at least 30 percent of the appropriation for HCEEP was to be used for the State Plan Grant component. At least ten percent of this amount was to be used for technical assistance. This legislation recognized the key role of states in providing education for their youngest citizens and provided an opportunity for states to sustain, for a maximum of eight years, an effort to build a program of comprehensive services that reaches all children with handicaps, birth through age 5 years.

In 1986–87, 57 states and territories participated in State Plan Grant funding. Twenty-six of these projects were in the planning phase, and 31 were in the development phase.

Research Institutes

The fourth component, the early childhood research institutes, began as a joint effort between HCEEP and the U.S. Office of Special Education Programs, Research Projects Section. During 1986–87, four institutes were funded by HCEEP to discover and disseminate information that can be used to improve services and programs for young exceptional children and their families.

Technical Assistance

Technical assistance (TA) is the fifth component of HCEEP. In 1971, the Technical Assistance Development System (TADS) was funded to help demonstration projects meet their objectives. TADS initiated procedures for the systematic delivery of TA and actively disseminated pertinent information to the HCEEP projects. Over the subsequent 15 years, TADS continued to provide TA to HCEEP demonstration and outreach projects. In 1984, a second TA effort, the State Technical Assistance Resource Team (START), was established to provide TA to HCEEP's State Plan Grant projects. Both projects were located at the Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

During 1986–87 START addressed the needs and concerns of HCEEP projects. Its services included comprehensive program reviews, on-site consultations, small-group workshops, topical meetings, field visits, interagency and inter-project liaison, and publications on a variety of early childhood special education issues. Technical assistance has been, and continues to be, a major contribution to the overall development of the total HCEEP effort.

Incentive Grants

The sixth and final component is the incentive grant. In 1986–87, HCEEP had responsibility for managing the Preschool Incentive Grant program. This is a state formula grant authorized under Section 619 of the Education of the Handicapped Act, Part B, to encourage state and local educational agencies to expand educational services to preschool children with handicaps, birth to age 5 years. The formula grant to the state is based on the number of identified handicapped children age 3 to 5 years receiving special education and related services. The Education of the Handicapped Act Amendments of 1983 expanded the age range for services to birth to age 5 years.

State educational agencies may use funds received under this program to provide direct services, or they may contract with local education agencies, intermediate units, or other agencies to provide such services. During 1986–87, these funds were used in numerous ways, depending on state needs. States elected to use these funds to provide direct services to preschool children with handicaps; to develop collaborative interagency agreements; to create statewide networks of technical assistance; to provide comprehensive diagnostic assessments; to develop parent training and counseling programs; to provide inservice training of administrative and ancillary personnel; and to support development of instructional television programs for teachers and support staff. Through the addition of the incentive grant program to HCEEP, the possibilities of developing a continuum of special education services at the state and local levels has been enhanced significantly.

Future Directions

Since its inception, HCEEP has fostered growth, development, and direction for parents, professionals, and caregivers involved with helping young children with handicaps realize their potential. During 1986–87, grantees were encouraged to coordinate their projects with state early childhood coordinators. Integration of services – cutting across disciplines and expanding the types of services available to young children with handicaps – has been a strength of HCEEP grantees. Their efforts and the efforts of states illustrate that the mission of HCEEP, with its direction toward building a comprehensive service delivery program, will be attained.

With the passage of the P.L. 99–457 in October of 1986, changes again will affect the HCEEP. There will be a new state grant program for infants and toddlers and their families. There also will be a new state preschool grant program that replaces the preschool incentive grant program. Finally, there will be modifications in the demonstration, outreach, research, and technical assistance initiatives.

Overview

The Overview presents and compares the activities of the five types of HCEEP projects (demonstration, outreach, State Plan Grants, research institutes, and technical assistance). Information used to prepare the Overview was collected from questionnaires mailed to projects in 1987 and from project profiles.

Overview

Projects funded by the Handicapped Children's Early Education Program during 1986–87

The Handicapped Children's Early Education Program (HCEEP) constitutes a major federal effort that fosters diverse and innovative approaches to the education of young children with handicaps. During 1986–87 HCEEP supported 171 grants and contracts throughout the United States and U.S. territories. Projects in the HCEEP network developed models related to providing services for children with handicaps and their families, offered outreach activities, planned statewide programs, conducted research, or provided technical assistance. Figure 1 presents a concise diagram of the HCEEP network and its activities.

To show the range of activities of these projects, the Office of Special Education Programs (OSEP), U.S. Department of Education, requested that the

Figure 1

Handicapped Children's Early Education Program (1986–87)

Projects	Demonstration	Outreach	State Plan Grant	EC Institutes	Technical Assistance
Range of Activities	Development of exemplary models Services to children Services to parents Staff development Coordination with public schools and other agencies Demonstration, dissemination, and continuation	Stimulation of increased and high quality services Training Consultation State involvement and coordination Dissemination of information Product development and distribution Replication	Planning, development and implementation of early childhood state plans for comprehensive service delivery Assessment of needs, resources, policies and current services Interagency planning and agreements Evaluation	Long-term investigation of selected aspects of early education for handicapped children Research into direct application of early education programs in typical settings	Technical assistance to demonstration and outreach projects and State Plan Grant projects Assessment of needs Program planning Expert consultation Workshops Materials Evaluations Liaison and linkage
Eligible Parties	Public and private nonprofit agencies	Past demonstration grantees; others meeting criteria	State educational agencies or other appropriate state agencies in coordination with the SEA	Public and private nonprofit agencies	Public and private nonprofit agencies
Type of Funding	Grant	Grant	Grant	Contract	Contract/cooperative agreement
Funding Period	3 years Annual renewal	1 year Potential for renewal	Up to 8 years Annual renewal	5 years	Varies – 1 to 3 years Annual renewal

State Technical Assistance Resource Team (START) prepare an overview of all projects funded during 1986–87. The national picture of the HCEEP network follows.

Demonstration Projects

HCEEP demonstration projects provide parents, communities, and professionals with innovative models related to providing services to young children with handicaps and their families. During 1986–87, 79 demonstration projects received funding. Twenty-nine of these projects were in their first year of operation, 20 were in the their second year, and 30 were in their third year. These projects were located in rural areas, inner cities, small towns, and suburban communities. Fifty-seven of the projects were developing model intervention services for children with handicaps and their families. Twelve projects were developing models for local systems of services, including computerized referral services, family assessments, and training and technical support to existing community services. Ten projects were funded to provide inservice training for health professionals, paraprofessionals, teachers, administrators, social services providers, families, and other caregivers.

The children that were served had diverse social, ethnic, and economic backgrounds, and exhibited a broad range of handicaps. Some projects concentrated on a particular handicapping or at-risk condition, a particular age level, or factors such as ethnic or cultural group (Black, Hispanic, American Indian, etc.). Projects serving distinct cultural groups have developed products and practices that incorporate ethnic customs and traditions, or reflect expertise in serving minority populations. The Index indicates projects with a particular cultural or ethnic group focus.

A survey of demonstration project features and activities was conducted during winter, 1987. Seventy-six of the 79 demonstration projects responded to this survey.

Table 1 indicates the types of fiscal agencies that sponsored demonstration projects during 1986–87.

Table 1

Demonstration: Fiscal Agencies

Type of Agency	Number of Projects	Percent of all Demonstration Projects
Institution of higher education (medical)	26	34
Private, nonprofit organization	17	22
Institution of higher education (nonmedical)	15	20
Regional or intermediate education agency	5	7
Public agency (other than educational)	4	5
Health institution (e.g., hospital or other nonuniversity medical facility)	3	4
Local education agency (LEA)	1	1
Other	5	7

Projects responding to survey question: N = 76

Table 2

Demonstration: Targets of Direct Services*

Targets	Number of Projects	Percent of All Demonstration Projects
Primary Targets:		
Parent(s) and child	30	40
Child	20	26
Day care providers	6	8
Both parents	3	4
Community agencies	3	4
Medical professionals	2	3
Mother/Primary caretaker	1	1
Public school personnel	1	1
Other	10	13
Other Targets:		
Community agencies	35	46
Public school personnel	32	42
Other caregivers	23	30
Both parents	22	29
Day care providers	21	28
Medical professionals	21	28
Child	13	17
Parent(s) and child	13	17
Siblings	13	17
Volunteers	8	10
Mother/Primary caregiver	6	8
Father	2	3
Other	22	29

Projects responding to survey question: N = 76

*Projects have one primary target, but may have multiple other (secondary) targets for services. Numbers of projects and percentages reported for "Other Targets" therefore add up to more than 100%.

The most common sponsors were medical institutions of higher education, followed by private nonprofit organizations and nonmedical institutions of higher education. Other projects were sponsored by public agencies (other than education), regional or local education agencies, health institutions, and university-affiliated centers.

The target for direct services is a key feature of HCEEP demonstration projects. Part of the HCEEP philosophy is that families provide important first experiences for their infants and young children. Forty percent of the 1986–87 demonstration projects responding listed the child and one or both parents as primary targets for direct services; 26 percent listed only the child as the primary target. Some projects directly targeted neither the parents nor the child, but instead focused primary attention on day care providers, community agencies, medical professionals, and public school personnel who serve these children and their families. Apart from primary targets, projects may serve a variety of other populations directly or indirectly. During 1986–87 "other" targets included siblings, fathers, volunteers, and other caregivers, as well as various professionals. Table 2 indicates both primary and other targets for model services.

The environments in which projects delivered services to children varied. About half of the projects operated in urban environments, and about one-fourth served rural areas. Others were located in suburban or mixed geographic areas. Projects also reported a variety of settings for service delivery. Table 3 describes service settings reported by 63 of the 76 projects responding to the survey. Nearly one-fourth of these projects served children exclusively within the child's home, and an equal number combined the home and one other setting. Service settings outside the home included centers not located in public schools, day care centers, health centers, family day care homes, and public schools. A few of the projects reported using several settings (more than two) in service provision. Some service environments made it possible for children with handicaps to interact with nonhandicapped children.

Fifty-four of the 57 demonstration projects that were developing direct intervention service models responded to the survey question regarding the age and primary handicapping condition (e.g., autistic,

Table 3

Demonstration: Service Delivery Settings

Primary Service Setting	Number of Projects	Percent of All Demonstration Projects
Home	15	24
Several Settings	9	14
Home and center (not public school)	8	13
Center (not public school)	8	13
Day care center	7	11
Home and health center	5	8
Family day care homes	3	5
Public school	2	3
Home and public school	2	3
Hospital or health center	2	3
Other	2	3

Projects responding to survey question: N = 63.

Table 4

Demonstration: Handicapping Conditions and Ages of Children Served in Intervention Models

Type of Handicap	Number of Handicapped Children Served by Age 0-11 months (26%)	12-35 months (37%)	36-71 months (32%)	over 71 months (5%)	Number of Children Served	Percent of All Children Served
At Risk	173	179	24	8	384	26
Developmentally delayed	40	100	83	6	229	16
Orthopedically impaired	19	46	83	8	156	11
Speech-impaired	-	29	80	9	118	8
Other health-impaired	45	42	13	6	106	7
Profoundly mentally retarded	16	28	12	4	60	4
Trainable mentally retarded	4	10	29	4	47	3
Educable mentally retarded	-	9	30	4	43	3
Seriously emotionally disturbed	-	8	31	10	49	3
Visually handicapped	9	24	4	-	37	3
Deaf/hearing-impaired	3	8	15	-	26	2
Drug addicted	20	10	-	-	30	2
Autistic	-	5	11	3	19	1
Specific learning disabilities	-	2	1	2	5	<1
Deaf-blind	2	4	-	1	7	<1
Other or Noncategorical	49	45	59	8	161	11
TOTAL	380	549	475	73	1477	100
Multihandicapped children*	102	131	144	19	396	27

Projects responding to survey question: N = 54. The remaining projects included in this overview (N =12) consisted of projects providing inservice training and those providing indirect services to children (e.g., referrals to existing community agencies).

*These children also are reported according to primary handicap.

Table 5
Demonstration: Parent/Family Activities

Type of Activity	Number of Projects	Percent of All Demonstration Projects
Identification of child needs and IEP development	50	66
Transition to next placement service	45	59
Identification of parental needs and learning goals	44	58
Participation on advisory board	43	57
Parent/staff conferences	43	57
Participation in home visits	41	54
Training to improve the way parents interact with their children	39	51
Counseling/support groups	37	49
Advocacy	34	45
Maintenence of child progress records	30	40
Formal communications (e.g., newsletters, telephone hot-lines, etc.)	29	38
Training workshops	28	37
Development of instructional materials	25	33
Classroom observation or teaching	23	30
Social groups	13	17
Parents training other parents	10	13
Therapy supervision	9	12
Other noneducational or therapeutic services (e.g., job placement public assistance, medical services, etc.)	9	12
Provision of respite care	7	9
Fundraising	5	7
Formal support groups for siblings	3	4
Other	10	13

Projects responding to survey question: N = 76

speech-impaired, visually handicapped, etc.) of the children served. As Table 4 indicates nearly two-thirds of the children were under age 3 years, and most (95 percent) were under age 6 years. More than one-fourth of the children had more than one handicap; Table 4 reports these children as a group and also according to primary handicapping condition. Children at risk for handicaps—such as victims of abuse and children whose parents are mentally retarded—comprised the single largest category of disability (26 percent). Among primary handicapping conditions reported, 16 percent of the children were developmentally delayed, 11 percent were orthopedically impaired, and 10 percent displayed varying degrees of mental retardation.

Most of the demonstration projects offered some sort of parent or family participation. As Table 5 indicates, two-thirds of the projects involved parents in identification of child needs and development of the child's individual education plan (IEP). More than half provided transition services, identification of parental needs and learning goals, parent/staff conferences, parent participation on advisory boards, parent participation during home visits, and training to improve parent/child interaction. Nearly half of the project offered counseling or support groups for parents or involved parents in advocacy activities.

Projects also provided services to the professionals, paraprofessionals, and other nonfamily caregivers in the community who work with young handicapped children and their families. More than three-fourths of the projects offered inservice training and nearly two-thirds provided interagency liaison. Other services included public awareness activities, instructional materials, preservice training, and referrals.

Projects used a wide variety of curricular packages or approaches with children and with parents or families. The Index lists the predominant curricula used and indicates which projects used each package. Some of the curricular materials have been developed by the projects themselves and are available to share with other projects.

A variety of commercial and project-developed methods or devices helped projects assess the child's status for the purposes of planning interventions; assess child progress for program evaluation; or assess families for programming or documenting change. For each of these categories, the Index lists the predominant methods or instruments used and indicates which projects used each method. Individual project abstracts in the Directory section

Table 6

Demonstration: Services for Professionals or the Community

Service	Number of Projects	Percent of All Demonstration Projects
Inservice training	59	78
Interagency liaison	50	66
Community/public awareness	43	57
Instructional/awareness media and materials	22	29
Preservice training	17	22
Directory of services/referrals	12	16
Other	8	10

Projects responding to survey question: N = 76

describe administration schedules. Project-developed devices and instruments are available in most cases to share with other projects.

Refer to the Index section and to project abstracts in the Directory section for more information about the 1986–87 demonstration projects.

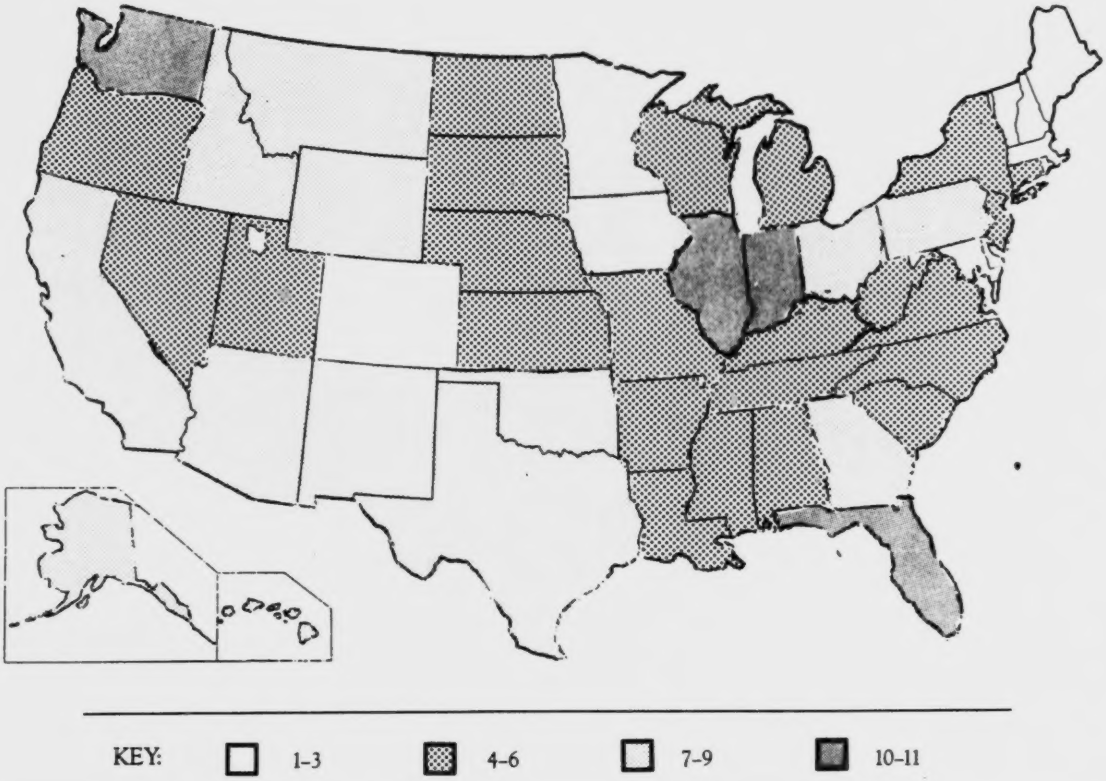
Outreach Projects

The primary mission of outreach projects is to encourage replication of their service model while continuing to provide some direct services to children. This year 30 projects "reached out" to communities across the nation. Outreach projects conducted activities in all 50 states, in the District of Columbia, and in cooperation with the Bureau of Indian Affairs. Figure 2 depicts the concentration of activity by outreach projects, classifying states according to the number of projects which conducted outreach activities in that state. About one-third of the projects provided services in Florida, Illinois, Indiana, and Washington, while Colorado, Delaware, Maryland, and most of New England were targeted by three or fewer outreach projects. The Index provides a state-by-state listing of the outreach projects that were active in each state.

Projects engaged in a variety of outreach activities, as Table 7 indicates. Almost all of the projects (97 percent) were involved in product development and dissemination, and most provided training or conducted presentations (90 percent). More than three-fourths of the projects were involved in stimulating replication sites, encouraging state involvement, conducting program evaluation, and promoting public awareness. A few projects concentrated more than half of their time on particular

Figure 2

Outreach: Number of Projects Conducting Outreach Activities in Each State



activities, such as training or stimulating replication sites.

The primary targets of outreach replication activities were organizations and agencies concerned with early childhood education and health. Most of the outreach projects directed their efforts to local education agencies (LEAs) and state educational agencies (SEAs). Other common targets included local private/nonprofit agencies, Head Start, regional education agencies, state agencies (other than education), day care centers, and other HCEEP projects. Within these target organizations, teachers were the most common focus of outreach services, followed by administrators, parents, paraprofessionals, speech therapists, and other health professionals. Table 8 lists the agencies and the persons or roles of persons within agencies that were targeted for outreach activities.

Cooperative planning and collaborative activities between outreach projects and state-level agencies have become an increasingly important element in the HCEEP philosophy. Table 9 shows the variety of ways the 1986–87 outreach projects worked in collaboration with state early intervention efforts. Most of the outreach projects conducted workshops on outreach models or services. Almost three-quarters of the projects conferred with state agencies in identifying model replication sites; participated in state-level committees, task forces, and advisory councils; provided assistance in professional conferences; and supported the state's early childhood network. Other common collaborative activities included the development of standards and recommendations for state early intervention programs, proposal writing, and identification of current services and service providers.

Almost all of the projects developed and disseminated products such as inservice training or staff development materials, awareness materials, curricula, assessment instruments and checklists, and program management materials. Products were designed for parents, teachers, administrators, health professionals, and the general public. Table 10 reveals the productivity of outreach projects and the variety of materials available within the HCEEP network. Refer to the Index and Directory for specific products available from individual outreach projects.

The transition from demonstration to outreach services involves a change in funding strategies. Outreach projects receive HCEEP funds for replication efforts only, but OSEP still requires these projects to maintain some direct services for children. Outreach projects therefore must look to other

Table 7

Outreach: Outreach Activities

	Number of Projects Engaging in Activity	Percent of All Outreach Projects Engaging in Activity
Product development and dissemination	29	97
Training	27	90
Presentations	27	90
Stimulating sites	25	83
Stimulating state involvement	25	83
Program evaluation	25	83
Promoting awareness	24	80
Other consultation activities	20	67
Conference planning	18	60
Developing training sites	13	43
Other	4	13

Projects responding to survey question: N = 30

Table 8
Outreach: Primary Target of Outreach Activities

Targets	Number of Projects	Percent of All Outreach Projects
Agency:		
Local education agencies	27	90
State educational agencies	23	77
Local private/nonprofit agencies	21	70
Head Start	16	53
Regional education agencies	14	47
Local public agencies	13	43
Other state agencies	13	43
Day care	12	40
HCEEP State Plan Grantee	11	37
Universities	7	23
Hospitals	5	17
Professional organizations	5	17
State administration	4	13
HCEEP demonstration projects	2	7
Other	1	3
Person or Role		
Teachers	29	97
Administrators	23	77
Parents	19	63
Paraprofessionals	17	57
Speech therapists	16	53
Other health professionals	13	43
Psychologists	8	27
Social workers	6	20
Volunteers	4	13
Nurses	2	7
Physicians	1	3
Other	5	17

Projects responding to survey question: N = 30

Table 9
Outreach: Collaborative Activities with State-Level Agencies

Activities	Number of Projects	Percent of All Outreach Projects
Awareness workshops regarding one or more outreach models or services	24	80
Identification of potential replication sites	22	73
State-level committees/task forces/advisory councils	22	73
Assistance in professional conferences	22	73
Support of early childhood network	21	70
Development of program standards/"best practice" recommendations	15	50
Proposal writing	13	43
Identification of available services and service providers	12	40
Joint training	11	37
Co-sponsorship of public awareness conference(s)	11	37
Assistance in adoption of model	10	33
Development of certification standards	10	33
Contributions to state agency newletters	10	33
Joint development of print and audio-visual products	10	33
Identification of needs for legislation	9	30
Development and/or support of specific legislative recommendations	8	27
Assistance in developing agreements	2	7
Evaluation of state-funded programs	2	7
Other	2	7

Projects responding to survey question: N = 30

Table 10

Outreach: Materials Developed and Available to Share

Types of Material	Number of Projects	Percent of All Outreach Projects
In-service training or staff development materials	30	100
General awareness materials	21	70
Curricula for children	18	60
Parent education materials	16	53
Program management/evaluation materials	15	50
Bibliographies/reference materials	15	50
Teacher competencies or needs assessments	14	47
Observation checklists	13	43
Curricula for parents	13	43
Assessment instruments for planning instruction (0-3)	11	37
Assessment instruments for planning instruction (3-8)	9	30
Child progress assessment instruments (3-8)	7	23
Child progress assessment instruments (0-3)	6	20
Product development guides	5	17
Child screening instruments (3-8)	4	13
Child screening instruments (0-3)	2	7
Other product development	8	27

Projects responding to survey question: N = 30

sources to fund direct services to children and families. The Index and individual project abstracts show sources of direct services funding secured by 1986–87 outreach projects. Local education agencies (LEAs), state education agencies, and other state agencies (other than education) were the most common sources for this funding. Fewer than one-third of the projects received all of their continuation funding from a single source; most relied on several sources.

Outreach projects may have their funding for outreach services and direct services administered by different agencies. In both categories of services during 1986–87, the most common fiscal agencies for outreach projects were nonmedical institutions of higher education and private, nonprofit organizations. Other fiscal agencies included local education agencies (LEAs), regional or intermediate education agencies, public agencies (other than education), and medical instiutions of higher education (see Table 11).

Characteristics of the direct service models of outreach projects were similar to those of demonstration projects. HCEEP's concern for addressing the needs of parents and families was evident in the thrust of outreach projects' direct services. Nearly

Table 11

Outreach: Fiscal Agencies

Type of Agency	Number of Projects	Percent of Outreach Projects
Outreach Services*		
Institution of higher education (nonmedical)	16	53
Private, nonprofit organization	10	33
Regional or intermediate education agency	1	3
Local education agency (LEA)	1	3
Public agency (other than education)	1	3
Institution of higher education (medical)	1	3
Direct Services**		
Private, nonprofit organization	7	31
Institution of higher education (nonmedical)	5	22
Local education agency (LEA)	4	17
Regional or intermediate education agency	3	13
Public agency (other than agency)	3	13
Institution of higher education (medical)	1	4

*Projects responding to survey question: N = 30

**Projects responding to survey question: N = 23 half of the projects responding included parents among their primary targets for direct services, and an equal number listed parents or siblings as other targets. Projects also offered a variety of opportunities to involve parents in the intervention process. Most of the projects responding involved parents in identification of child and/or family needs, offered training to improve parent-child interaction, or provided opportunities for conferences or formal communication (through notes, newsletters, etc.) with parents. Parents also served on advisory boards and participated in transition, classroom observation or teaching, training workshops, and home visits. Parent activities offered by outreach projects are listed in the Index.

Refer to the Index and to individual project abstracts in the Directory for more information about the 1986–87 outreach projects.

State Plan Grants

In 1983 Congress amended the Education of the Handicapped Act with the passage of P.L. 98–199, which created a new State Plan Grant program to supplant the State Implementation Grant (SIG) of HCEEP. The State Plan Grant (SPG) program has reflected an increased emphasis on statewide interagency planning and coordination of services for early childhood. Under this program, monies have been provided for each state and territory to design a comprehensive service delivery system (CSDS) for special education and related services to children with handicaps, birth through age 5 years, and their families.

During 1986–87, 57 states and territories, including the District of Columbia, received State Plan Grant funding. Only one agency in each state was eligible to apply for the grant. In most cases (52) this agency was the state department of education, although seven of these states subcontracted administration of the grant to institutions of higher education (Kentucky, Mississippi, Montana, Rhode Island, and Wyoming) or to other state agencies (New Mexico and Tennessee). Grants were awarded to other agencies in five states: the State Department of Health (Texas and Utah), the State Department of Health and Welfare (Idaho), Commission on Children and Youth (Oklahoma), and State System of Higher Education (Oregon).

Three major phases for SPG activities were outlined in P.L. 98–199:

- **Planning.** The grantee assesses the current service system, identifies gaps and overlaps, and begins planning for future services.
- **Development.** The grantee finalizes and obtains state approval for its service delivery plan. (Some grantees also piloted aspects of the CSDS during this phase.)
- **Implementation.** The grantee carries through with implementation and evaluation of the CSDS.

Although these phases function as a sequence, grantees have entered at the phase which best suited their needs. During 1986–87 all 57 state grants were in planning or development phases. (See Figure 3 for a complete listing of each grantee by phase of operation during 1986–87.)

Selecting the appropriate phase helped grantees to identify specific components of a CSDS to be addressed. The range of these components, as described by P.L. 98–199, includes the following:

- statewide identification and location of handicapped and at-risk children;
- comprehensive and ongoing assessment and diagnostic procedures;
- special education and related services appropriate to the child's developmental level and handicapping condition;
- a continuum of placement options to meet the individual child's needs;
- parental involvement in the planning, development and implementation of services for their handicapped child;
- personnel development and training;
- interagency coordination among education, health, social services, and other agencies;
- information dissemination about services available to children with handicaps;
- ongoing evaluation of services and programs.

Among the strategies used by states to address CSDS components were establishment of planning groups, participation in interagency coordination efforts, statewide needs assessments, and active involvement of parents. A discussion of each of these strategies, with examples of how particular states applied them, follows.

Figure 3

State Grants: Phase and Year of Operation

State's year of operation within the phase is indicated parenthetically.

PHASE	STATE/TERRITORY
Planning	Arizona (2)
	California (2)
	Colorado (2)
	Connecticut (2)
	Delaware (3)
	Georgia (2)
	Guam (2)
	Hawaii (2)
	Iowa (2)
	Louisiana (2)
	Maine (2)
	Michigan (2)
	Montana (2)
	New Hampshire (2)
	New Jersey (2)
	New Mexico (2)
	New York (2)
	North Carolina (2)
	Puerto Rico (1)
	Tennessee (2)
	Trust Territory of the Pacific (2)
	Virgin Islands (2)
	Washington (2)
	West Virginia (2)
	Wisconsin (2)
	Wyoming (2)
Development	Alabama (1)
	Alaska (1)
	American Samoa (2)
	Arkansas (1)
	District of Columbia (1)
	Florida (1)
	Idaho (1)
	Illinois (1)
	Indiana (1)
	Kansas (3)
	Kentucky (1)
	Maryland (2)
	Massachusetts (1)
	Minnesota (1)
	Mississippi (1)
	Missouri (1)
	Nebraska (1)
	Nevada (1)
	North Dakota (2)
	Northern Mariana Islands (1)
	Ohio (1)
	Oklahoma (1)
	Oregon (1)
	Pennsylvania (1)
	Rhode Island (1)
	South Carolina (1)
	South Dakota (1)
	Texas (1)
	Utah (1)
	Vermont (1)
	Virginia (1)

State Planning Groups. Almost all of the State Plan grantees organized official planning groups to assist in planning and coordinating services across the state. These planning groups (variously referred to as councils, committees, or task forces) included representatives from public and private agencies, health professionals, legislators, advocacy groups, parents and others concerned with services for young handicapped and at-risk children.

States differed in the ways they brought together persons to help with planning the grant. For example, in Utah and Colorado, multiple agencies jointly formed the planning groups, while in Tennessee and Oklahoma the Governor's office appointed members of the planning group. In Massachusetts and Missouri, the chief state school officer assumed a leadership role in creating planning committees. Other states, such as Maine, Wyoming, South Carolina, and the District of Columbia, used or adapted existing interagency committees to plan CSDS activities.

Planning groups functioned primarily in an advisory capacity, delegating specific activities to subcommittees and task forces. In Kansas, for instance, the Interagency Coordinating Council on Early Childhood Development acted as official planning group for the state, with ad hoc task forces formed for specific planning tasks. Indiana's task forces were charged with developing policy standards on such issues as teacher training and certification, implementation of a statewide tracking system, and least restrictive environments. Hawaii supplemented its planning group and task forces with an adjunct group, the Hawaii Council for Early Intervention, which provided additional input from the community and service providers. Some states sought to increase public awareness of grant activities through parent and professional newsletters (West Virginia) or slide/tape shows (Colorado).

Interagency Collaboration. A principal assumption underlying planning group efforts was that no single agency or discipline is equipped to address the diversity of needs of infants and young children with handicaps. An interagency, interdisciplinary approach was deemed vital in providing comprehensive services to these children and their families.

State Plan grantees used a variety of arrangements to foster cooperation at the state and local levels. In a number of states, such as Arkansas, Montana and California, state agencies entered into formal agreements or expanded existing collaborative relationships to include SPG activities, while others, including Colorado, relied on informal cooperation. In California, as in many other states, agreements were already in place before the SPG, but were expanded to include SPG activities. On the local level, interagency efforts were provided through new or expanded advisory councils in South Dakota and Illinois, while Florida instituted 22 preschool councils and three pilot interagency projects in school districts of varying sizes. In Maryland state-level agencies collaborated on issues of mutual concern, and also worked with local service providers through technical assistance activities related to health issues. Oregon's 1983 Early Intervention Law set the standard for that state's state/local collaboration, setting out the responsibilities of each level of government for services and funding.

Needs Assessment. P.L. 98-199 required grantees to conduct a statewide needs assessment during the planning phase of the grant to determine special education and related service needs of the preschool handicapped population. Needs assessments had two common purposes across states: to ascertain the status and/or effectiveness of current state service delivery efforts, and to determine ways of improving the service delivery system. Other goals were dictated by the specific information needs of individual states. For instance, Alabama outlined six goals for its needs assessment: 1) to determine the number of unserved children with handicaps; 2) to assess the perceptions of local education agencies regarding the number of handicapped children in their districts; 3) to identify agencies other than school systems that provided services to handicapped children; 4) to ascertain which services were provided to various age groups; 5) to gauge the degree of cooperation among agencies; and 6) to determine the need for professsional personnel to provide services.

Although states shared similar purposes for needs assessments, their data collection methods varied. The most common approaches were survey questionnaires, state and local (regional) forums, interviews, and analysis of existing data. Grantees frequently combined approaches in gathering data. Virginia, for instance, used local forums to generate open discussions, while gathering information on strengths and weaknesses of current services through on-site participant surveys. California supplemented a recent needs assessment conducted for an infant program with parent surveys and data from other state surveys on preservice and inservice training needs. Some grantees conducted the needs assessments themselves, while others contracted with private consultants to handle the entire process or specific parts of it, such as instrument design or data analysis.

Parent Involvement. Grantees were committed to involving parents actively in the SPG planning and development process. In some cases parents played a key role in the needs assessment. For example, in New Mexico, Arkansas and the Commonwealth of the Northern Mariana Islands, parents were targeted for input on child and parent service needs. Others sought parent participation on committees and task forces. In Alaska, for instance, three parents served on the SPG Steering Committee, while in Indiana a special Task Force on Parental Involvement and Advocacy, chaired by a parent, was appointed. Parents also assisted in public awareness and advocacy activities in states such as Nevada.

With the passage in October, 1986, of P.L. 99–457, which reauthorizes the Education of the Handicapped Act, the State Plan Grant program comes to a close, although many of the initiatives of the new law have been built upon knowledge gained and activities conducted under this program. Under P.L. 99–457, states are encouraged, through financial incentives and penalties, to plan for and serve children with special needs from birth through age 21 years, and their families. The law creates two federal programs: the Preschool Grant Program for children age 3 through 5 years, and the Handicapped Infants and Toddlers Program for children birth through age 2 years. In both of these programs, Congress has continued to stress the importance of interagency and multidisciplinary collaboration to maximize existing resources, as well as the importance of parent involvement in the delivery of comprehensive services to children and their families.

Early Childhood Research Institutes

During 1986–87, four early childhood research institutes (ECRI) had the mission to discover and disseminate knowledge that can be used to improve services and programs for exceptional young children and their families.

- Carolina Institute for Research on Early Education of the Handicapped (CIREEH)
  The University of North Carolina at Chapel Hill

  CIREEH researchers focused on the families of young moderately and severely handicapped children birth to age 5 years; developed training and intervention materials for parents and professionals; disseminated research results; trained graduate students to conduct research on children and families; and coordinated CIREEH's activities with those of other ECRIs.

- Early Childhood Research Institute
  University of Pittsburgh

  The major purposes of this ECRI were to develop procedures for assessing and teaching social and related skills to severely handicapped preschool children; to develop treatment procedures to eliminate disruptive behavior and foster improvement in social interaction, language development, and independent work and play skills; to develop training materials in parenting skills; and to validate treatment gains.

- Early Intervention Effectiveness Institute
  Utah State University, Logan

  This institute focused on examining the costs and effectiveness of early intervention programs for handicapped infants and preschoolers through 16 longitudinal studies; developing and pilot-testing a data collection/evaluation system; and demonstrating the feasibility of field-based research methods.

- Early Intevention Research Institute
  Utah State University, Logan

  Major objectives of this ECRI were to examine previously conducted research on early intervention to identify information gaps and determine directions for future research; to conduct studies of the cost-effectiveness of early intervention; to train graduate students and research assistants in research techniques and intervention methods; and to disseminate information about research findings and products.

For more information about the Early Childhood Research Institutes, refer to the abstracts in the Directory section.

Technical Assistance

Since helping handicapped and at-risk children and their families is a complex task, the Office of Special Education Programs provides support to HCEEP projects through a technical assistance agency. The term "technical assistance" refers to ongoing, systematic, and nonevaluative help.

During 1986–87, technical assistance to HCEEP demonstration, outreach, and State Plan Grant projects was provided by the State Technical Assistance Resource Team (START), a program of the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill. START offered a broad range of support services that helped HCEEP grantees manage programs and accomplish goals. Projects received this responsive assistance through individual on-site consultation, small-group workshops, liaison and referral to other resources, large meetings, and a publications program. START also arranged field visits between projects to promote collaboration and transfer of new practices, knowledge, and products.

Refer to the START abstract in the Directory section for more information about this technical assistance agency.

Project List

The 171 HCEEP projects funded during 1986–87 appear on this list in groups according to their type of grant or contract (demonstration projects, outreach projects, state plan grant projects, research institutes, technical assistance center). Within each group, projects are listed alphabetically according to state, city, and project name. The number assigned to each project indicates the page number of the project's abstract in the Directory section. These numbers also represent the projects in the Index.

DEMONSTRATION PROJECTS

1. BIRMINGHAM, ALABAMA
HOPE Preschool Program

2. FLAGSTAFF, ARIZONA
A Community Systems Approach to American Indian Families

3. ST. MICHAELS, ARIZONA
Developmental Infant/Sensory Motor Learning and Training Project

4. FRESNO, CALIFORNIA
Child Care Options for Young Handicapped Children

5. LOS ANGELES, CALIFORNIA
CHAMP (Children in Hospitals: A Model Program)

6. LOS ANGELES, CALIFORNIA
Project PROTECT

7. MODESTO, CALIFORNIA
Community ACT

8. SAN FRANCISCO, CALIFORNIA
PAVII (Parents and Visually Impaired Infants)

9. SAN FRANCISCO, CALIFORNIA
Project STIP (Supported Transition to Integrated Preschools)

10. DENVER, COLORADO
Infants with Special Needs

11. DENVER, COLORADO
KEEP SAFE

12. FARMINGTON, CONNECTICUT
TRIP II

13. NEWINGTON, CONNECTICUT
Niños Especiales Project

14. NEWARK, DELAWARE
Delaware FIRST (Family/Infant Resources, Supplement and Training)

15. WASHINGTON, D.C.
Project CIII (Chronically Ill Infant Intervention)

16. WASHINGTON, D.C.
I-TIP (Inservice Training of Infant Personnel)

17. WASHINGTON, D.C.
Parents and Preschoolers in Transition

18. WASHINGTON, D.C.
Un Buen Comienzo/A Good Beginning

19. ATHENS, GEORGIA
Contingency Response Intervention for Infants of Adolescent Parents

20. HONOLULU, HAWAII
Ho'opa Ola Project

21. HONOLULU, HAWAII
Preschool Preparation and Training (PPT) Model

22. WEST LAFAYETTE, INDIANA
NEIGHBORCARE

23. LAWRENCE, KANSAS
Model Preschool for Language-Disordered and ESL Children

24. LAWRENCE, KANSAS
Planning School Transitions

25. TOPEKA, KANSAS
Project KIDLINK

26. FRANKFORT, KENTUCKY
Direct and Indirect Service Delivery to Handicapped Infants of Teenage and Adult Single Parent Families

27. LEXINGTON, KENTUCKY
STEPS (Sequenced Transitions to Education in the Public Schools)

28. NEW ORLEANS, LOUISIANA
CAPS Project

29. AUGUSTA, MAINE
Preventive Intervention Project

30. COLLEGE PARK, MARYLAND
Integrated School Services for Pre-Kindergarten Students with Autism

31. BRIGHTON, MASSACHUSETTS
Project KAI

32. BRIGHTON, MASSACHUSETTS
Project WIN

33. LUDLOW, MASSACHUSETTS
Identification and Remediation of an At-Risk Preschool Population

34. ANN ARBOR, MICHIGAN
Family Day Care Project

35. HATTIESBURG, MISSISSIPPI
Cooperative Medical/Developmental/Family Interventions for Infants with Severe Handicaps

36. KANSAS CITY, MISSOURI
PALS (Preschool Acceptance through Language and Social Development

37. MISSOULA, MONTANA
Co-TEACH

38. OMAHA, NEBRASKA
Getting Started Together

39. OMAHA, NEBRASKA
Project Continuity

40. OMAHA, NEBRASKA
Project Participate

41. RENO, NEVADA
PACEER (Parents and Child Early Education Resources)

42. SPARKS, NEVADA
HAPPY (Home Activity Program for Parents and Youngsters)

43. EDISON, NEW JERSEY
CONNECT

44. ALBUQUERQUE, NEW MEXICO
GAP (Parent-Infant Growth, Advocacy and Planning)

45. SANTA FE, NEW MEXICO
TIPS (Training in Parenting Skills)

46. BUFFALO, NEW YORK
Young Babies, Young Moms

47. CHEEKTOWAGA, NEW YORK
Special Friends and Computer Project

48. MERRICK, NEW YORK
Project CHIME (Children Who Are Hearing Impaired in Mainstream Environments)

49. NEW PALTZ, NEW YORK
Inservice Training for Outreach Personnel Working with Migrant Parents and Infants

50. NEW YORK, NEW YORK
TIPS (Television Instruction for Parent Support)

51. CHARLOTTE, NORTH CAROLINA
Charlotte Circle Project

52. MORGANTON, NORTH CAROLINA
HAPPEN (Helping Agencies Promote Parent Empowerment through Networking)

53. AKRON, OHIO
Family Infant Project

54. CINCINNATI, OHIO
Project ACCESS

55. CINCINNATI, OHIO
Therapeutic Liaison Consultant (TLC) Project

56. COLUMBUS, OHIO
Remediating Social Deficits in Peer Interactions

57. KENT, OHIO
Equals in Partnership

58. EUGENE, OREGON
Inservice Training for Professionals, Paraprofessionals, and Caregivers Working with At-Risk Infants and Families

59. EUGENE, OREGON
Model Early Intervention Program to Develop a Linked Evaluation-Programming System

60. PHILADELPHIA, PENNSYLVANIA
Liaison Infant Family Team (LIFT) Project

61. PITTSBURGH, PENNSYLVANIA
Project STEP-UP

62. CHARLESTON, SOUTH CAROLINA
Model Early Intervention Program for Multiply Handicapped Infants

63. COOKEVILLE, TENNESSEE
ETIPS (Educational Television Intervention Programs)

64. JOHNSON CITY, TENNESSEE
Southern Appalachian Early Intervention Program

65. NASHVILLE, TENNESSEE
Preschool Orientation and Mobility Project

66. AMARILLO, TEXAS
Extended Clinical Services Project

67. EL PASO, TEXAS
Early Childhood Day Care Project

68. HOUSTON, TEXAS
Single Parent Project

69. LOGAN, UTAH
Functional Mainstreaming for Success

70. LOGAN, UTAH
HI TECH

71. LOGAN, UTAH
PTP (Preschool Transition Project)

72. BURLINGTON, VERMONT
Project TEEM (Transitioning into the Elementary Education Mainstream)

73. LIGHTFOOT, VIRGINIA
Project Trans/Team

74. RICHMOND, VIRGINIA
Parent-to-Parent Monitoring Project

75. PULLMAN, WASHINGTON
RAMPP (Rural Area Model Preschool Project)

76. SEATTLE, WASHINGTON
Coordinated Service Delivery for Young Handicapped Children

77. SEATTLE, WASHINGTON
Transactional Family Systems Model

78. HUNTINGTON, WEST VIRGINIA
Intensive Team Training

79. PORTAGE, WISCONSIN
Project LIFT (Linking Infants and Families Together)

OUTREACH PROJECTS

80. JONESBORO, ARKANSAS
Focus Classroom Outreach

81. LOS ANGELES, CALIFORNIA
Special Care Outreach Project

82. BOULDER, COLORADO
INREAL/Outreach (INter-REActive Learning)

83. CHAMPAIGN, ILLINOIS
PEECH (Precise Early Education for Children with Handicaps

84. CHAMPAIGN, ILLINOIS
RAPYHT (Retrieval and Acceleration of Promising Young Handicapped and Talented)

85. MACOMB, ILLINOIS
ACTT Outreach

86. MACOMB, ILLINOIS
Macomb 0-3 Regional Project

87. ROCKFORD, ILLINOIS
Project RHISE

88. BOWIE, MARYLAND
Project UPSTART

89. DEDHAM, MASSACHUSETTS
BEACON Outreach Program

90. DEDHAM, MASSACHUSETTS
ERIN Outreach

91. EAGAN, MINNESOTA
Project DAKOTA Outreach

92. MOORHEAD, MINNESOTA
Clay County Coordinated Preschool Program/Minnesota Rural Outreach

93. MISSOULA, MONTANA
Early Education Outreach Project

94. ALBUQUERQUE, NEW MEXICO
AIM Outreach (Albuquerque Integration Model)

95. YORKTOWN HEIGHTS, NEW YORK
Regional Program for Preschool Handicapped Children

96. MORGANTON, NORTH CAROLINA
Project SUNRISE (Systematic Use of Newly Researched Interventions by Special Educators)

97. MONMOUTH, OREGON
Teaching Research Data-Based Classroom Inservice Model

98. PITTSBURGH, PENNSYLVANIA
LEAP Outreach

99. NASHVILLE, TENNESSEE
Cognitive Early Education Project

100. LOGAN, UTAH
INSITE Outreach

101. LOGAN, UTAH
MAPPS (Multi-Agency Project for Preschoolers)

102. LOGAN, UTAH
SKI*HI Outreach

103. LOGAN, UTAH
Social Integration Project

104. HAMPTON, VIRGINIA
Hampton University Mainstreaming Outreach Services

105. LIGHTFOOT, VIRGINIA
CDR Outreach (Child Development Resources)

106. BELLEVUE, WASHINGTON
Fathers Program Outreach

107. SEATTLE, WASHINGTON
ECHI (Early Childhood Home Instruction)

108. SEATTLE, WASHINGTON
Model Preschool Outreach Project

109. CLARKSBURG, WEST VIRGINIA
PEPSI/WVECC

STATE PLAN GRANTS

110. MONTGOMERY, ALABAMA

111. JUNEAU, ALASKA

112. PAGO PAGO, AMERICAN SAMOA

113. PHOENIX, ARIZONA

114. LITTLE ROCK, ARKANSAS

115. SACRAMENTO, CALIFORNIA

116. DENVER, COLORADO

117. HARTFORD, CONNECTICUT

118. DOVER, DELAWARE

119. WASHINGTON, D.C.

120. TALLAHASSEE, FLORIDA

121. ATLANTA, GEORGIA

122. AGANA, GUAM

123. HONOLULU, HAWAII

124. BOISE, IDAHO

125. SPRINGFIELD, ILLINOIS

126. INDIANAPOLIS, INDIANA

127. DES MOINES, IOWA

128. TOPEKA, KANSAS

129. LEXINGTON, KENTUCKY

130. BATON ROUGE, LOUISIANA

131. AUGUSTA, MAINE

132. BALTIMORE, MARYLAND

133. QUINCY, MASSACHUSETTS

134. LANSING, MICHIGAN

135. ST. PAUL, MINNESOTA

136. HATTIESBURG, MISSISSIPPI

137. JEFFERSON CITY, MISSOURI

138. BILLINGS, MONTANA

139. LINCOLN, NEBRASKA

140. CARSON CITY, NEVADA

141. CONCORD, NEW HAMPSHIRE

142. TRENTON, NEW JERSEY

143. SANTA FE, NEW MEXICO

144. ALBANY, NEW YORK

145. RALEIGH, NORTH CAROLINA

146. BISMARCK, NORTH DAKOTA

147. SAIPAN, NORTHERN MARIANA ISLANDS

148. COLUMBUS, OHIO

149. OKLAHOMA CITY, OKLAHOMA

150. MONMOUTH, OREGON

151. HARRISBURG, PENNSYLVANIA

152. HATO REY, PUERTO RICO

153. PROVIDENCE, RHODE ISLAND

154. COLUMBIA, SOUTH CAROLINA

155. PIERRE, SOUTH DAKOTA

156. NASHVILLE, TENNESSEE

157. AUSTIN, TEXAS

158. TRUST TERRITORY OF THE PACIFIC

159. SALT LAKE CITY, UTAH

160. MONTPELIER, VERMONT

161. ST. THOMAS, VIRGIN ISLANDS

162. RICHMOND, VIRGINIA

163. OLYMPIA, WASHINGTON

164. CHARLESTON, WEST VIRGINIA

165. MADISON, WISCONSIN

166. LARAMIE, WYOMING

RESEARCH INSTITUTES

167. CHAPEL HILL, NORTH CAROLINA
CIREEH (Carolina Institute for Research on Early Education of the Handicapped)

168. PITTSBURGH, PENNSYLVANIA
Early Childhood Research Institute

169. LOGAN, UTAH
Early Intervention Effectiveness Institute

170. LOGAN, UTAH
Early Intervention Research Institute

TECHNICAL ASSISTANCE

171. CHAPEL HILL, NORTH CAROLINA
START (State Technical Assistance Resource Team)

Directory

The Directory contains abstracts for all 171 HCEEP projects and is based on information supplied by the projects. Abstracts include address, telephone number, and key personnel of each project; fiscal and administrative agencies; and a description of the project's activities and products. The order of projects is the same as that in the Project List; the page number in each case is also the project number.

HOPE Preschool Program

Helping Others through Parent Empowerment

ADDRESS: ARC, Inc., of Jefferson County
215 21st Avenue, South
Birmingham, Alabama 35205

PHONE: (205) 323-6383
322-8809

YEAR OF FUNDING: 2

FISCAL AGENCY: Association for Retarded Citizens, Inc., of Jefferson County

DIRECTOR: Bill Hoehle
COORDINATOR: Mary Butler
OTHER STAFF TITLES: speech pathologist, pediatric nurse, day care instructor special educators, home teaching specialists

MAJOR GOAL OF PROJECT:

To provide cost-effective services to multihandicapped preschool children and their families; to promote mainstreaming of mildly to severely handicapped children into normal day care environments; and to disseminate information about the need for and cost-effectiveness of early intervention services.

CHARACTERISTICS OF TARGET POPULATION:

The project serves approximately 100 children birth to age five years. Children with any type of handicapping condition are eligible for service.

PROGRAM FOR CHILDREN:

The project offers three delivery modes. The day care program primarily serves nonhandicapped children, as well as some mild to severely handicapped children. The home is the second service environment. Under this plan, home therapists make home visits weekly to work with the child and train the parents. The in-center program consists of highly specialized self-contained services conducted on-site with participation by parents encouraged. Children in the day care program are eligible for these services.

MEASURES OF CHILD AND FAMILY PROGRESS:

Each child is evaluated at entry and after one year in the program, using the Learning Accomplishment Profile (LAP). A single-subject research design also is employed when appropriate to demonstrate progress. Consumer surveys assess parent satisfaction with programming for their child.

PROGRAM FOR PARENTS:

Parents participate in the development of their child's individualized education plan. If possible, the parent is trained to work with the child at home. The day care option is considered for two-parent families.

FEATURES AND PRODUCTS:

The project provides a continuum of service delivery options to meet the needs of the child and family. The State Association for Retarded Citizens network and a regional consortium of service providers will disseminate results and encourage policy changes in the preschool area.

A Community Systems Approach to American Indian Families

ADDRESS:
Institute for Human Development
Northern Arizona University
C.U. Box 5630 - NAU
Flagstaff, Arizona 86011

PHONE: (602) 523-4791

YEAR OF FUNDING: 1

FISCAL AGENCY: Northern Arizona University

DIRECTOR: Joanne C. O'Connell
COORDINATOR: Pam Lewis
OTHER STAFF TITLES: IHD paraprofessional coordinator, Apache paraprofessional coordinator, peer paraprofessional, infant assessment specialist, graduate assistant, secretary

MAJOR GOAL OF PROJECT:

To provide culturally appropriate early intervention services for rural high-risk Native American infants and their families which makes use of local, indigenous paraprofessionals in service delivery.

CHARACTERISTICS OF TARGET POPULATION:

The project serves infants and families on the White Mountain Apache Indian reservation. These infants are at extreme risk for handicapping conditions due to low socioeconomic status, poor maternal nutrition, low parental education level, and substandard living conditions. The adult population is predominantly bilingual, with limited English proficiency. The model incorporates several cultural characteristics of the White Mountain Apache: 1) the high value placed on children and on conformity to social norms; 2) the maternal grandmother's role in childrearing; and 3) the influence on family behavior of the informal social support network, organized around the traditional Apache clan system.

PROGRAM FOR FAMILIES:

Apache paraprofessional intervenors provide training in the home to the primary caregivers (mothers and maternal grandmothers) to promote interaction and optimum development and to assist families in securing support services. Program management includes referral, identification, assessment, development of individualized infant/caregiver and family plans, and transitioning into a new service setting at age 36 months. Attention is given to the family's integration into the social network of the community.

MEASURES OF PROGRESS:

Infant progress is measured using the Brazelton Neonatal Behavioral Assessment Scale and Carolina Curriculum for Handicapped Infants. Caregiver assessments include Mother's Assessment of the Behavior of Her Infant, Nursing Child Assessment Feeding Scale, Nursing Child Assessment Scale, Home Observation for Measurement of the Environment, and individual interviews.

FEATURES AND PRODUCTS:

An instrument to assess Apache parents' attitudes and expectations of their child's development will be developed. Two survey instruments based on the Social Systems scale and the Family Support Services Questionnaire will be developed to assist in identifying the family's informal and formal support systems. A local Native American Advisory Board reviews materials developed to ensure their cultural appropriateness.

Developmental Infant/Sensory Motor Learning and Training Project

ADDRESS: St. Michaels Association
for Special Education
P.O. Drawer H
St. Michaels, Arizona 86511

PHONE: (602) 871-4871

YEAR OF FUNDING: 2

FISCAL AGENCY: St. Michaels Association for Special Education

DIRECTOR: Velma Spencer
OTHER STAFF TITLES: physical therapist, speech therapist, occupational therapist, parent trainees/teacher aides, child development specialists, resource facilitators

MAJOR GOAL OF PROJECT:

To provide comprehensive, culturally sensitive special education services to Navajo infants and toddlers; and to train a core group of Navajo parents and paraprofessionals as Infant Care Specialists and advocates.

CHARACTERISTICS OF TARGET POPULATION:

The project serves Navajo Indian children birth to age 5 years on the Navajo Reservation who have congenital and genetic disorders, as well as postnatal disease residuals, encephalitis, and meningitis. High priority is given to nonorganic failure to thrive and to neglected or abused infants. Twenty-six children are served in two programs: Infant Development (birth to age 30 months) and sensory motor (age 30 months to 5 years).

PROGRAM FOR CHILDREN:

Each child is assigned to a multidisciplinary support team. Following assessment, the child may be served by the referring agency; enrolled in the project's brief treatment program, which provides crisis intervention, intense developmental guidance, or parent training; or enrolled in the project's intensive treatment program, where the child attends a center-based program that uses the Carolina Curriculum for Handicapped Infants and the Hawaii Early Learning Profile (HELP). Nonhandicapped infants participate in the program as models. After intervention, participants are either mainstreamed into the regular school system or phased into other project classes.

MEASURES OF CHILD PROGRESS:

The project administers the Carolina Curriculum and/or the HELP, and the Denver Developmental Screening Test pre- and post-intervention. Short-term goals, determined after assessment, are listed on a needs-oriented record. Needs are recorded in behavioral terms and progress is monitored regularly.

PROGRAM FOR PARENTS:

Parents and paraprofessionals participate in training dealing with such topics as infant curriculum, child development, observation techniques, intervention skills, and genetic counseling. Videotapes are used extensively. Upon completion of the project, a core group of parents and paraprofessionals will be trained as Infant Care Specialists. The extended Navajo family clan system plays a vital role in the welfare and well-being of the child.

FEATURES AND PRODUCTS:

The program incorporates traditional customs and native healing ceremonies of the Navajo culture, as well as utilizing modern medical practices.

Child Care Options for Young Handicapped Children

ADDRESS: Central Valley Children's Services Network
841 North Fulton Avenue
Fresno, California 93728

PHONE: (209) 264-0200

YEAR OF FUNDING: 2

FISCAL AGENCY: Central Valley Children's Services Network

DIRECTOR: Marianne O'Hare
COORDINATOR: Cathy Flynn

MAJOR GOAL OF PROJECT:

To develop and disseminate a comprehensive training model for family day care providers and child care center providers in provision of services to mainstreamed handicapped children birth to age 6 years.

CHARACTERISTICS OF TARGET POPULATION:

The project serves children with all types of handicapping conditions. Approximately 40 children age 6 weeks to 6 years are mainstreamed in child care centers and family day care homes. To be admitted into the program, the child must be able to benefit from mainstreamed group care.

PROGRAM:

The purpose of the project is to increase the number of facilities that can provide quality care for young handicapped children within a mainstreamed environment. In addition, the project has developed an ongoing, inservice training program for home providers, center directors, and teachers. Sessions cover topics such as mainstreaming, community services, nutrition, how children learn, and information related to specific handicaps. Staff members provide on-site visits and technical assistance. When necessary, project staff contact existing agencies to secure assistance for day care providers or centers.

MEASURES OF CHILD PROGRESS:

The project maintains records which include observations of the child's behavior, results of the Developmental Screening Questionnaire, diagnostic and evaluative information from agencies, information from parent interviews, individualized education plans, and recommendations for the child. Project staff observe the child bimonthly to assess the child's progress in emotional, social, and physical development.

PROGRAM FOR PARENTS:

The project offers seminars for the parents of young handicapped children. Topics covered include issues related to caring for a special needs child, information on specific handicaps, home management problems and routines, cooperation, and transition into public school. The project also organizes parent support groups.

FEATURES AND PRODUCTS:

The project coordinator maintains records on the types of handicapping conditions for which care is requested.

CHAMP

Children in Hospitals: A Model Program

ADDRESS: UCLA Department of Pediatrics
Center for Health Sciences
University of California
Los Angeles, California 90024

PHONE: (213) 206-8750

YEAR OF FUNDING: 3

FISCAL AGENCY: University of California

PRINCIPAL INVESTIGATOR: Arthur H. Parmelee and Judy Howard
PROJECT DIRECTOR: Nancy Brill
OTHER STAFF TITLES: child development specialists, educational specialists, evaluator

MAJOR GOAL OF PROJECT:

To provide multidisciplinary ongoing services to chronically ill children and their families, in order to facilitate the development of attachment, autonomy, and socialization in the child.

CHARACTERISTICS OF TARGET POPULATION:

The program serves hospitalized chronically ill children birth to age 5 years and their parents. Children have leukemia, solid tumors, nonfunctional gastrointestinal systems, or end stage renal disease, or have undergone vascular or cardiac surgery.

PROGRAM FOR CHILDREN:

The project helps hospitalized chronically ill young children develop healthy interactions with their parents and optimal cognitive and emotional growth. An Individual Intervention Plan is designed for each child based on an assessment of the child and family's needs. Each child participates in play activities individually or in a playroom program. Parents and surrogate parents are assisted in providing consistent daily caretaking sensitive to the child's needs and play activities based on the child's developmental level. Interactions with peers are introduced to maintain socialization experiences.

MEASURES OF CHILD AND FAMILY PROGRESS:

Child progress is measured every three months with medical examinations, observation of play skills, the Gesell Developmental Evaluation, behavioral ratings, and assessment of functional status. Parents' attitudes and concerns before, during, and after hospitalization are assessed, and a Parent Satisfaction questionnaire is administered. Parenting stress and impact of illness on the family are assessed. Mother/child interactions are observed.

PROGRAM FOR PARENTS:

Services for parents are designed to help parents gain confidence in planning for their children's total needs and to make aspects of caregiving more satisfying. A parents' group meets twice weekly to help parents deal with stresses associated with hospitalization. A Mommy and Me group meets weekly to discuss developmental issues in the chronically ill child.

FEATURES AND PRODUCTS:

The project is developing a curriculum for hospital staff working with chronically ill children and their families. Educational seminars are held for house staff and materials are being developed for use with other hospitals and community agencies.

Project PROTECT

ADDRESS: UCLA Intervention Program
1000 Veteran Avenue, Room 23-10
Los Angeles, California 90024

PHONE: (213) 825-0789

YEAR OF FUNDING: 2

FISCAL AGENCY: University of California at Los Angeles

DIRECTOR: Vickie Kropenske
OTHER STAFF TITLES: infant development specialist, clinical social worker, foster parent associate, public health nurse

MAJOR GOAL OF PROJECT:

To develop a model home-based program for infants born to substance-abusing mothers in order to promote environmental stability and continuity in health care within the biological or foster family home.

CHARACTERISTICS OF TARGET POPULATION:

Approximately 20 to 25 infants who have been exposed prenatally to drugs are served prenatally and during the first 18 months of life. The project addresses needs of the infant, biological parents, foster parents, and staff.

PROGRAM FOR CHILDREN:

Infants identified prenatally receive intervention through their mothers to promote healthy delivery by improving the nutrition of the mother and supporting her as she resists further drug use. During the newborn period, the infant's status is assessed medically, behaviorally, and nutritionally. From these assessments, project staff develop an intervention plan to provide a stable environment with modification of the amount of stimuli and carefully paced introduction of appropriate cognitive and social experiences. Home visits by the infant development specialist provide the core of the intervention for the infant. Project staff assist in the infant's transition into community programs(s) at age 18 months.

MEASURES OF CHILD PROGRESS:

The Gesell Developmental Evaluation is used to provide ongoing assessment of the child's developmental status. The child's medical status is assessed using the Pediatric Complications Scale. Other assessment measures include Patterns of Attachment and a play measure developed by Howard and Largo.

PROGRAM FOR PARENTS:

Intervention with the biological parent(s) focuses on the needs of the substance-abusing adult and on helping parent(s) in developing an understanding of the medical, developmental, and environmental needs of their infant. Support services begin during pregnancy and continue for 18 months following the infant's birth. If the infant is placed in foster care, the supportive services of a foster parent associate and the educational services of the infant development specialist are provided for the foster parent(s).

FEATURES AND PRODUCTS:

Special features include prenatal identification of the at-risk child; the use of foster parent associates; coordination of simultaneous services to biologic and foster families; and development of a computer software program to maintain continuity of information for the prenatally drug-exposed infant.

Community ACT

Community Agencies Cooperating Together

ADDRESS: 801 County Center Three
Modesto, California 95355

PHONE: (209) 571-5108

YEAR OF FUNDING: 2

FISCAL AGENCY: Stanislaus County Department of Education

DIRECTOR: Nancy Radoff
OTHER STAFF TITLES: early childhood specialists, parent facilitator

MAJOR GOAL OF PROJECT:

To provide early intervention services for children with alcohol-related birth defects, with emphasis on support and training for families and on interagency collaboration for referrals and services for children and families.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 25 children birth to age 6 years, who are at risk for full or partial fetal alcohol syndrome, and their families. The project makes a special effort to consider the needs of the child and family, and to determine specific strategies and intervention models that are successful with these children.

PROGRAM FOR CHILDREN:

The project operates a vigorous screening effort. Children who appear to have fetal alcohol syndrome are assessed further in all areas of development, using standardized, criterion-referenced, and observational tools. Parents and project staff develop individual education and service plans for children accepted into the program. Children and parents are offered a wide range of services to facilitate developmental growth. These include home instruction; integration into regular education centers; speech, language, and physical therapy; support groups; and telephone consultation. Two instructional models are used: the Portage Guide to Early Education and the Individualized Critical Skills Model.

MEASURES OF CHILD PROGRESS:

Ongoing child progress is monitored through anecdotal records, formal observations, videotaping, and semiannual transdiciplinary assessments using the Developmental Programming for Infants and Young Children.

PROGRAM FOR PARENTS:

Services available to parents include one-to-one educational instruction during home visits, parent training, information sharing through monthly newsletters, counseling, and peer support groups. Parent newsletters deal with topics relevant to caring for a child with fetal alcohol syndrome.

FEATURES AND PRODUCTS:

The project emphasizes interagency collaboration for referrals and service provision. The project will develop a set of pamphlets on topics such as multiagency identification procedures, parent/family support services, educational services, intervention considerations, and evaluation considerations. It also plans to develop a slide presentation and a step-by-step guide to developing a program for children with alcohol-related birth defects.

PAVII

Parents and Visually Impaired Infants

ADDRESS: 50 Oak Street
San Francisco, California 94102

PHONE: (415) 863-2250

YEAR OF FUNDING: 2

FISCAL AGENCY: Blind Babies Foundation

DIRECTOR: Deborah Chen
COORDINATOR: Clare Taylor Friedman
OTHER STAFF TITLES: parent-infant educator, administrative coordinator, liaison, home counselors, consultants

MAJOR GOAL OF PROJECT:

To develop and disseminate procedures which will involve the caregiver as a primary and essential member of the early intervention team, and will promote the social development of toddlers with visual impairments.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 20 visually impaired children birth to age 3 years. Children vary in degree of visual impairment, as well as in additional physical, mental, or developmental disabilities.

PROGRAM FOR FAMILIES:

The project operates a home-based program offering weekly home visits by project staff to families of visually impaired infants and toddlers. The social basis of learning and the parent's role as an interventionist are emphasized. The project is developing its own curriculum, the Socially Based Curriculum, which integrates intervention activities into daily home routines. The parent program seeks to develop and promote parental observation and teaching skills, parents' sense of competency through mutually satisfying interactions with the infant, and parent responsiveness to infant behaviors. A "microteaching" approach involving videotapes and immediate feedback is used. Parents and children also participate in a weekly parent education/play class with sighted infants and their parents. The project offers a support/counseling group which is facilitated by the project psychologist.

MEASURES OF CHILD AND FAMILY PROGRESS:

Infant progress is monitored through pre- and post-testing and through periodic administration of observational and criterion-referenced tools. Instruments used include the Reynell-Zinkin Scales, the Maxfield-Bucholz Scale of Social Maturity, NCAST Teaching Scale, Bzoch-League Receptive Expressive Emergent Language Scale (REEL), and Carey Temperament Scales. Parent competencies are measured by pre- and post-tests and at quarterly intervals, using the project-developed Parent Observation Protocol.

FEATURES AND PRODUCTS:

The project will develop two assessment products: (1) the Parent Assessment of Needs, an interview/report form which helps parents identify home-based goals for their child; and (2) the Parent Observation Protocol, a video "microteaching" format which encourages parent observation of self and child. The project also will make available the project-developed curriculum and a series of "how-to" papers on assessment, the home-visit process, and selection of preschool programs.

Project STIP

Supported Transition to Integrated Preschools

ADDRESS: Department of Special Education
San Francisco Unified School
241 Oneida Avenue, Room 80
San Francisco, California 94112

PHONE: (415) 586-6400

YEAR OF FUNDING: 2

FISCAL AGENCY: San Francisco Unified School District

DIRECTOR: Mary Frances Hanline
OTHER STAFF TITLES: integration specialist, parent consultant, educational consultants

MAJOR GOAL OF PROJECT:

To provide comprehensive support services to parents as their child makes the transition to preschool special education programs in the public school system; and to develop five model integrated preschool sites.

CHARACTERISTICS OF TARGET POPULATION:

The project serves children age 3 to 5 years who demonstrate mild to severe and multiple disabilities requiring intensive services.

PROGRAM FOR CHILDREN:

The project provides comprehensive and coordinated services to families, children, and professionals during the child's transition from early intervention programs to integrated preschool classes. Children enrolled in special education classes are integrated into existing child development and Head Start classes based on needs and abilities. Instruction is provided in small groups in which nonhandicapped peers serve as models for the disabled children. The curriculum emphasizes developmental and functional skills.

MEASURES OF CHILD AND FAMILY PROGRESS:

The project administers two criterion-referenced tests in a pre-test/post-test fashion: the Uniform Performance Assessment Scale and the Learning Accomplishment Profile. Daily and weekly data collection reflects child progress toward specified goals to be achieved in integrated classrooms.

PROGRAM FOR PARENTS:

Three parents serve on the advisory council. One parent is hired by the project to provide input and assist with dissemination activities. Parents complete needs assessment surveys and complete follow-up questionnaires to assess the quality and impact of services. Based on the needs assessment, project staff create materials and support network for parents as their children move from early intervention programs or from no early intervention into public school special education classes at age three years.

FEATURES AND PRODUCTS:

The project provides ongoing inservice training for regular classroom preschool teachers, through workshops, in-class training and support, and formative evaluation. Training emphasizes developing positive attitudes toward mainstreaming and competencies needed to teach in an integrated setting. The project will develop a curriculum for use in integrated preschool settings, focusing on effective integrated small group instruction. Multiple baselines will be conducted to validate that learning occurs in these small group instructional settings across all developmental areas.

Infants with Special Needs

ADDRESS: University of Colorado Health Sciences Center
4200 East 9th Avenue, Box C287
Denver, Colorado 80262

PHONE: (303) 394-8733

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Colorado Health Sciences Center

DIRECTOR: Ann N. Smith
CO-DIRECTOR: Marilyn J. Krajicek
OTHER STAFF TITLES: educational/nursing coordinator, evaluator, staff assistant, clerk typist
TRAINEES: nurses, social workers, therapists, educators, parents, extended family, day care workers, other community caregivers

MAJOR GOAL OF PROJECT:

To develop, evaluate and disseminate six training packages, each consisting of a videotape and a self-instruction manual on topics related to specialized care for health-impaired or handicapped infants.

TRAINING PROGRAM:

Training packages will be developed to meet three objectives: 1) to facilitate care for handicapped and at-risk infants birth to age 2 years in the transition period between hospital and home, 2) to increase knowledge and skill in specialized infant care of health and social service professionals, family members, day care workers, and other caregivers, and 3) to facilitate the availability of new infant care methods evolving from new technology.

EVALUATION:

A national needs assessment was conducted to determine the topics for the training packages. Approximately 600 interdisciplinary professionals and parents representing major regions of the country were surveyed. Small-scale pilot tests will be conducted for the video and print materials as these are developed. The initial tapes and materials will be reviewed by content experts on the topic and then by persons representing the audience for the training package. At least 50 individuals will be asked to review and evaluate each set of materials prior to dissemination.

DISSEMINATION:

Educational materials will be marketed nationally by a commercial firm to parents and interdisciplinary professionals providing health services for at-risk infants. When all six instructional packages are completed, a descriptive catalog will be published and marketing strategies will be expanded.

FEATURES AND PRODUCTS:

The instructional videotapes will use a VHS format for standard VCR equipment. Topics will include emergency infant cardiopulmonary resuscitation, feeding handicapped infants, care of the oxygen-dependent infant, daily care procedures, application and use of orthopedic equipment and appliances, and interaction with the infant (e.g., turn-taking, match techniques, play stimulation). Three packets will be developed during the first project year, and three additional packets during the second year.

KEEP SAFE

ADDRESS:	Kempe National Center 1205 Oneida Street Denver, Colorado 80220	PHONE:	(303) 321-3963
		YEAR OF FUNDING:	2

FISCAL AGENCY: University of Colorado Health Science Center

SUPERVISING DIRECTOR:	Ruth Kempe
DIRECTOR:	Sari Sack Johan
COMMUNITY COORDINATOR:	Jo Blum
OTHER STAFF TITLES:	psychologist, social worker, bus driver and instructional assistant, speech pathologist, clerk-typist

MAJOR GOAL OF PROJECT:

To develop an intervention model to serve abused preschool children and their families; and to develop a training/consultation model for preschool day care personnel serving these children in community settings.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 15 to 20 children age 3 to 6 years who have been physically or sexually abused and who are also developmentally delayed or at risk for developmental delays.

PROGRAM FOR CHILDREN:

The project addresses the social, emotional and educational needs of handicapped abused children through a continuum of services. Severely handicapped children are enrolled in the Kempe Center's self-contained preschool, while the community-based program serves abused children within local day care centers, preschools, or public schools with weekly on-site visits. Services include family interactional analysis, standardized and play assessments, home and on-site visits, direct service in the classroom, and individual therapy. The INter-REActive Learning method (INREAL) is used in all settings within a psychoeducational therapeutic model.

MEASURES OF CHILD PROGRESS:

Ongoing evaluation of child progress includes developmental testing; developmental therapy checklists; videotape analysis of child/teacher, child/child, and child/caregiver interactions; daily logs; home visit reports; and regular monitoring of individual intervention plans. Social/emotional evaluation includes the Child Apperception Test (C.A.T.), the Rating Scales of Mother-Child Interaction, and Harter's Self-Concept Scale.

PROGRAM FOR PARENTS:

During biweekly visits, the home visitor assesses family needs and helps establish objectives for fostering appropriate parent/child interactions. Videotapes of parent/child interactions allow parents to voice their emotional needs and work on their relationships with their child. Parents also may observe and participate in the classroom. A continuum of services, from individualized home visits to foster parent groups, is available.

FEATURES AND PRODUCTS:

The project will produce a brochure, a checklist for recording and assessing play observations, a slide-show, a training program for classroom teachers, and an assessment process geared to the abused child. Ongoing training and consultation is available for local day care and preschool staff.

TRIP II

Implementing the Transactional Intervention Program in Classrooms

ADDRESS: Univ. of Connecticut Health Center
263 Farmington Avenue
Farmington, Connecticut 06032

PHONE: (203) 679-4360
679-4362
YEAR OF FUNDING: 1

FISCAL AGENCY: University of Connecticut Health Center

DIRECTOR: Gerald Mahoney
COORDINATOR: Amy Powell
OTHER STAFF TITLES: training associates, research associate, secretary

MAJOR GOAL OF PROJECT:

To develop, implement and evaluate a center-based component of the Transactional Intervention Program which will complement the original home-based model.

CHARACTERISTICS OF TARGET POPULATION:

The project serves handicapped children, birth to age 5 years, who are categorized as severely handicapped due to medical or organic conditions that directly impair sensory, physical, and/or mental development and who function below the norm for cognitive, language, and motor skills.

PROGRAM FOR CHILDREN:

The home-based component of TRIP stresses parent-infant interaction to promote handicapped children's developmental competence. The model to be developed will emphasize routines and activities that reflect children's interests and developmental level and provide opportunities for children to initiate and control interactions. TRIP II will provide training to teachers, therapists, and others working in center-based settings to help them become less directive and more child-oriented and responsive in their daily interactions with children.

MEASURES OF PROGRESS/EVALUATION:

Changes in child functioning will be assessed using a variety of standardized instruments, such as the Bayley Scales of Infant Development, the Battelle Developmental Inventory, the Bzoch-League Receptive-Expressive Emergent Language Scale, and the Zimmerman Preschool Language Scale. Videotapes will be used to assess teacher and parent implementation of the program. Data also will be collected on teacher and parent reactions to the program.

PROGRAM FOR PARENTS:

TRIP stresses the parents' role during the early years of life. TRIP II will encourage parent involvement in center-based settings, and will provide training and support to teachers and parents in home-based settings.

FEATURES AND PROCEDURES:

Professionals in a consortium of programs serving severely handicapped children in New England and Michigan will participate in the development and implementation of the center-based model. Products to be developed include a Teacher's Guide, Parent's Guide, Developmental Profile for children birth to age 5 years, and Suggested Activities for home and center. The project also will develop and field test a prototype computer conferencing system to provide support services to programs implementing the model.

DEMONSTRATION 13

Niños Especiales Project

ADDRESS: Pediatric Research and Training Center
181 East Cedar Street
Newington, Connecticut 06111

PHONE: (203) 665-0352

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Connecticut Health Center

DIRECTOR: Mary Beth Bruder
COORDINATOR: Rebecca Ruocchio
OTHER STAFF TITLES: bilingual early interventionist; program evaluator; visiting nurse liaison; consultants in speech and language, audiology, occupational/physical therapy, clinical pediatrics/genetics, and medical anthropology

MAJOR GOAL OF PROJECT:

To provide culturally sensitive, family-focused early intervention services to low-income Puerto Rican children birth through age 2 years who are severely, multiply handicapped, and their families.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 30 severely and multiply handicapped Puerto Rican children birth to age 2 years and their families.

PROGRAM FOR FAMILIES:

The project's health-education focus integrates a broad range of special and support services, many of which are coordinated with the local schools. An individualized family services plan (IFSP) is developed for each infant by parents and project staff members, using a variety of instruments modified to reflect concerns of the Puerto Rican population. During home visits a bilingual early interventionist helps to integrate intervention activities into the family's daily routine, to promote parents' sense of control, and to resolve, when possible, problems with transportation, housing, welfare and other areas that may interfere with parental ability to manage the child. The transactional intervention program (Mahoney & Powell, 1986) is the curriculum used with children and families.

MEASURES OF CHILD AND FAMILY PROGRESS:

IFSPs are reviewed at least three times yearly and revised if necessary. Developmental evaluations, which coincide with these reviews, are carried out by the bilingual early interventionist. Three instruments are used for these evaluations: the Battelle Developmental Inventory (BDI), the Carolina Curriculum for Handicapped and At-Risk Infants, and the Carolina Record of Infant Behavior. Instruments used to measure family progress include Neonatal Perception Inventory, Family Needs Assessment, HOME Inventory, Parental Acceptance and Rejection Questionnaire, and Family-Focused Intervention Rating Scales.

FEATURES AND PRODUCTS:

Products planned by project staff include a project manual, a training module package, and a pamphlet briefly describing the program. A parent advisory group will participate in project training activities, and will help prepare a parent booklet that answers common questions and lists local resources.

Delaware FIRST

Family/Infant Resources, Supplement and Training

ADDRESS: Department of Individual and
Family Studies
University of Delaware
Newark, Delaware 19716

PHONE: (302) 451-8554
451-6617

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Delaware

DIRECTOR: Penny Deiner
COORDINATOR: Linda Whitehead
OTHER STAFF TITLES: secretary, home visitor, assessment/home visitation supervisor

MAJOR GOAL OF PROJECT:

To provide families of severely handicapped infants with ongoing support by offering mainstreamed family day care or respite care for infants, developing and/or facilitating an input plan in both home and day care settings, and helping families utilize resources for family growth.

CHARACTERISTICS OF TARGET POPULATION:

The demonstration model will serve 16 severely handicapped infants, birth to age 36 months, and their families. Seventy-six day care providers will be trained to implement the comprehensive service model.

PROGRAM FOR INFANTS, FAMILIES, AND PROVIDERS:

The model has three components: a) Resource Matching Component, in which child and family day care needs are assessed, and a Family Action Plan and Individualized Infant Development Plan are developed; b) Supplementary Care Component, which links the family to formal and informal, private, and public community resources through the family day care provider; and c) Training Component, which includes in-the-home training in infant development for the family, and group training, development of a Caregiver Development Plan, and on-site technical assistance for family day care providers. Once the infant begins attending the family day care home, the caregiver is visited by a home visitor every other week for the first six months after placement, monthly for the next six months, and thereafter as needed.

MEASURES OF CHILD AND FAMILY PROGRESS:

The Family Day Care Rating Scale (Harms-Clifford) is used to assess the family day care provider and provide feedback. The Bayley Scales of Infant Development, Battelle Developmental Inventory, Carolina Record of Individual Behavior (CRIB), and the Early Coping Inventory are used for infant assessment. Family assessments include FACES II and the Parenting Stress Index. The Parent/Caregiver Involvement Scale provides feedback on interactions between infant and caregiver.

FEATURES AND PRODUCTS:

The model, developed in coordination with state and community agencies, is designed to become self-sufficient and fully integrated with existing state and community services. The project sponsors a monthly support group meeting for providers, counseling services by telephone, a newsletter for caregivers, and a toy-lending system. The program will help parents obtain special equipment, such as individualized seating, when appropriate. The project is developing infant stimulation materials.

Project CIII

Chronically Ill Infant Intervention Project

ADDRESS: Georgetown University Hospital
Child Development Center
CG52 Bles Building
3800 Reservoir Road, NW
Washington, DC 20007

PHONE: (202) 625-2037

YEAR OF FUNDING: 2

FISCAL AGENCY: Georgetown University

DIRECTOR: Kathy Katz
COORDINATOR: Judith Pokorni
OTHER STAFF TITLES: physical therapist, nurse, infant education specialist, secretary

MAJOR GOAL OF PROJECT:

To provide continuity of educational intervention to chronicaly ill infants from their stay in the Intensive Care Nursery (ICN) until they are medically stable and can participate in community-based intervention programs.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 16 infants who require prolonged (more than 10 weeks) care in the ICN because of acute medical problems. Most of the infants served are premature and have prolonged needs for respiratory support or have congenital anomalies requiring ongoing medical intervention.

PROGRAM FOR CHILDREN:

Educational intervention begins in the ICN and continues until the infant enters a community-based program. During the infant's stay in the ICN, the project provides comprehensive sensorimotor intervention which is incorporated into the child's medical management plan. At discharge, the project nurse makes home visits and coordinates services of existing community resources. Direct services in the home use the Carolina Infant Curriculum. During the child's second and third years, intervention includes a center-based component. In the event of rehospitalization, the infant receives developmental services in the hospital.

MEASURES OF CHILD PROGRESS:

Children are tested periodically to assess growth, neurological reflex development, cognitive development, motor functioning, and speech and language skills. Tools used include the Brazelton Neonatal Behavior Assessment Scales, the Bayley Scales of Infant Development, assessment log for the Carolina Infant Curriculum, Bzoch-League Receptive-Expressive Emergent Language Scale, Learning Accomplishment Profile, and Vineland Adaptive Behavior Scale.

PROGRAM FOR PARENTS:

Prior to the child's discharge from the ICN, the project team works with the family to help prepare for transition to home care. The family receives training and support in managing health needs and in carrying out the educational program. Parents meet monthly at the hospital for a parent group.

FEATURES AND PRODUCTS:

The project will develop a manual of intervention activities adapted for use with chronically ill infants, a slide-tape program illustrating intervention activities, and a replication workbook. The project also will sponsor a conference on serving chronically ill infants.

I-TIP

Inservice Training of Infant Personnel

ADDRESS: Department of Special Education
2201 G Street, Suite 524
Washington, D.C. 20052

PHONE: (202) 676-6170

YEAR OF FUNDING: 1

FISCAL AGENCY: George Washington University

PRINCIPAL INVESTIGATOR: Maxine Freund
DIRECTOR: Victoria Y. Rab
OTHER STAFF TITLES: trainers, secretary, evaluators, and consultants (speech pathologist and neonatal psychologist)
TRAINEES: multi-levels of infant personnel

MAJOR GOAL OF PROJECT:

To develop a model of inservice training for infant personnel which maximizes long-term program impact by addressing multi-level training needs and by preparing an on-site inservice trainer.

TRAINING PROGRAM:

Project objectives are: 1) to develop a model of inservice training for paraprofessionals, clinical professionals, and administrative staffs, which uses a "case study" approach; 2) to offer training in content areas reflective of emerging areas of concern with high-risk and handicapped infants; 3) to produce training packages for dissemination; and 4) to develop a trainer-of-trainers model to prepare on-site personnel to carry out effective inservice training.

EVALUATION:

The effectiveness of the project activities will be assessed using evaluation feedback both at the time of the activity and from follow-up data.

DISSEMINATION:

During the first of the project, the model will be refined using one local program as a pilot. Regional and national sites also will receive training during the first project year. During the second and third years the project will target regional and national sites for dissemination and further refinement of the inservice model. Ongoing dissemination in the form of trained, on-site inservice specialists will be offered through annual training seminars at the George Washington University. Training packages in specific content areas will be disseminated during the second and third years of the project.

Parents and Preschoolers in Transition

ADDRESS: Easter Seal Society
2800 13th Street, N.W.
Washington, DC 20009

PHONE: (202) 232-2342

YEAR OF FUNDING: 2

FISCAL AGENCY: Easter Seal Society for Disabled Children and Adults, Inc.

DIRECTOR: Lee Walshe
COORDINATOR: Lynette Goldberg
OTHER STAFF TITLES: parent activities manager, secretary

MAJOR GOAL OF PROJECT:

To develop and implement a transition and follow-up program for infants and preschoolers and their parents; and to provide descriptive training materials to facilitate the replication of the program components.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 85 infants and preschoolers, age 6 months to 5 years, and 148 parents. Children's handicapping conditions include cerebral palsy, Down Syndrome, seizure disorders, muscular dystrophy, developmental delay, and orthopedic disabilities. Most of the children are multihandicapped.

PROGRAM FOR CHILDREN:

Infants entering Easter Seals preschool programs attend an 8-week "transition-in" program. Parents work with their child to learn sequences of normal development and to develop techniques to incorporate therapy into home activities. Teachers and therapists serve as consultants and reinforcers. Children are introduced to their new public school placement before graduation. Sending and receiving staffs meet monthly for follow-up consultation for 12 months after transition to the public school.

MEASURES OF PROGRESS:

Child development is measured by standardized tests appropriate for children with multiple handicapping conditions and/or developmental delays. Parents and staff complete transition and follow-up questionnaires when the child moves from one program or program component to another. Parents complete the project-developed Transition Stress Inventory at the beginning and end of the transition phase. Parent and Buddy workshops are evaluated by participants. Statistical analysis of all project data is underway.

PROGRAM FOR PARENTS:

The Buddy support system pairs parents of children entering the program and parents whose children have graduated to provide a network of information and support. Evening workshops address stress management, decision-making, preparation for transition, and adjustment to change. Saturday workshops are provided for siblings and grandparents. Parent attendance at pertinent conferences is sponsored by the project. Parents from each project phase serve on the Project Advisory Council.

FEATURES AND PRODUCTS:

The use of parent volunteers and released staff time is a cost-reduction feature. Products include "What-to-do" and "What-not-to-do" strategies. Manuals for professionals and for parents are in preparation.

Un Buen Comienzo/A Good Beginning

ADDRESS:	Rosemount Center 2000 Rosemount Avenue, N.W. Washington, DC 20010	PHONE: (202) 265-9885 YEAR OF FUNDING: 3

FISCAL AGENCY: Rosemount Center

PRINCIPAL INVESTIGATOR AND EXECUTIVE DIRECTOR:	Jan Calderon Yocum
DIRECTOR:	Mary Sue Metrey
OTHER STAFF TITLES:	infant/special educators, occupational therapist, speech pathologist, family liaison, teachers, assistant teachers, secretary, family home providers

MAJOR GOAL OF PROJECT:

To provide bilingual assessment and early intervention services to infants at risk and to young children with disabilities in a day care setting; and to provide bilingual training to day care providers and parents to facilitate mainstreaming children with disabilities into day care programs.

CHARACTERISTICS OF TARGET POPULATION:

The program serves 20 mildly to moderately handicapped infants and toddlers, mostly Hispanic, who have working parents and who would benefit from a mainstream bilingual, multicultural day care setting.

PROGRAM FOR CHILDREN:

Early intervention services are provided within the infants' regular care environments. A trandisciplinary team consults regularly with classroom teachers and family home providers. The project uses the individual education plan and multicultural and bilingual materials developed by Rosemount Center, according to the specific needs of each child.

MEASURES OF CHILD AND FAMILY PROGRESS:

Children are screened using items from the Learning Accomplishment Profile, Early Learning Accomplishment Profile, and Dodson Birth-to-Three. On-site observation, developmental history, parent/teacher reports, and quality of play with age-appropriate toys also are used. Children's personal/social, adaptive, motor, communicative, and cognitive skills are assessed using items from the Bayley Scales of Infant Development, Bzoch-League Receptive Expressive Emergent Language Scale, Bly Motor Behavior Assessment, and Preschool Language Scale (Spanish/English). Family assessment measures include the Home Observation for Measurement of the Environment and Center-developed bilingual materials.

PROGRAM FOR PARENTS:

Parent services include regular written reports of child activities, parent groups, topical meetings, and teacher conferences.

FEATURES AND PRODUCTS:

Project staff train family home providers and day care staff to work with handicapped infants and toddlers. Staff members are bilinguals. Proposed products include two manuals on mainstreaming in day care settings and an activity manual for day care providers. Publications, staff training curricula, and children's activities are prepared in English and/or Spanish.

Contingency Response Intervention for Infants of Adolescent Parents

ADDRESS: Northeast Georgia Health District
468 North Milledge Avenue
Athens, Georgia 30610

PHONE: (404) 542-9549

YEAR OF FUNDING: 3

FISCAL AGENCY: Clarke County Board of Health

DIRECTOR: Warren Umansky
COORDINATOR: Wendy Sanders
OTHER STAFF TITLES: family intervention specialist, programming specialist, model trainer, secretary, bookkeeper, neonatologist, nurse midwife

MAJOR GOAL OF PROJECT:

To increase the responsiveness of adolescent mothers to their infants by teaching them to "read," understand, and respond appropriately to their child's behaviors; and to provide intervention strategies based on the adolescent mother's assessed level of development.

CHARACTERISTICS OF TARGET POPULATION:

The project serves at-risk infants of adolescent mothers. Eligibility is determined on the basis of both biological risk factors and parent and family variables. Twenty infants and their families will be served. Children are served through their second birthday or until they are no longer considered at risk (based upon established criteria).

PROGRAM FOR FAMILIES:

The project attempts to help families overcome environmental problems which may interfere with the child's well-being or development. Initial contact between the high-risk expectant parent and the family intervention specialist (FIS) takes place in the prenatal clinic. Within three days after the baby is born, the FIS visits the mother in the hospital to discuss what to expect when the child is brought home and the importance of quality mother/child interactions. Through a questionnaire, the FIS identifies the needs of the home and makes referrals to the appropriate agencies. Home visits are made weekly for the first four months, biweekly until the child reaches age 12 months, and monthly until the child reaches age 24 months. During home visits, the FIS redirects the parents' most negative responses toward more positive alternatives. During in-home teaching sessions, the FIS interprets the baby's behaviors for the parent and models appropriate responses.

MEASURES OF CHILD AND FAMILY PROGRESS:

Infant development is gauged using the Bayley Scales of Infant Development, which are administered at age 6, 12, 18, and 24 months. Changes in the quality of parent responses to infant cues over time are reflected in the NCAST Feeding and Teaching Scales, administered in the home.

FEATURES AND PRODUCTS:

The project has a written manual and videotapes for use in training other agencies in the replication of the model. Discovery activities geared towards helping the young parent during the baby's first six weeks of life also are available. Parents are paid a stipend for participating. The project publishes Brief Reports, a quarterly that summarizes special characteristics of the project and outcome data.

Ho’opa Ola

A Program for Hearing Impaired Infants and Their Families

ADDRESS: Kapiolani Women's and Children's
Medical Center
Communication Disorders Clinic
1319 Punahou Street
Honolulu, Hawaii 96826

PHONE: (808) 947-8234

YEAR OF FUNDING: 3

FISCAL AGENCY: Kapiolani Women's and Children's Medical Center

DIRECTOR: Setsu Furuno and Janice Shintani
COORDINATOR: Deborah Larkins
OTHER STAFF TITLES: audiologist, speech/language pathologist, social worker, secretary

MAJOR GOAL OF PROJECT:

To develop and disseminate a culturally compatible adaptation of the SKI*HI Home Visit Curiculum for native Hawaiian, Samoan, and Filipino families; and to translate the adapted curriculum into the Samoan and Ilokano languages.

CHARACTERISTICS OF TARGET POPULATION:

The project serves twelve children and their families who live on the island of Oahu. Children have as their primary handicap hearing loss of sufficient degree to require amplification. Priority admission is given to children whose families are from minority cultural backgrounds and have a poor knowledge of English. A special effort is made to reach native Hawaiians and Filipino and Samoan immigrant families.

PROGRAM FOR FAMILIES:

The project has adapted the SKI*HI Curriculum to meet the linguistic and cultural needs of families of at least three ethnic backgrounds. The curriculum was adapted in order to be culturally relevant, taking into account cultural differences, such as child rearing practices, social customs, family structure, and attitudes toward physical handicaps. Services are primarily home-based. Parents are trained in appropriate techniques and are encouraged to take the role of primary treachers of their children. According to individual needs, each family receives one hour of service weekly. Following a needs assessment, parents receive information on topics such as hearing loss, hearing testing, hearing aids and their use, normal sequence of auditory and language development, and auditory and language stimulation techniques.

MEASURES OF CHILD PROGRESS:

Each child is evaluated at intake, at quarterly intervals thereafter, and at discharge from the project. Communication and language skills are assessed using the SKI*HI Language Development Scale and spontaneous communication sampling. Auditory development and hearing aid needs are evaluated by procedures developed by the project. Data on the quality of parent-child interactions are gathered using the NCAST HOME and Teaching Scales.

FEATURES AND PRODUCTS:

The project will develop Samoan and Ilokano versions of the adapted SKI*HI Home Visit Curriculum.

Preschool Preparation and Transition (PPT) Model

ADDRESS:
Department of Special Education
University of Hawaii
208 Wist Hall
1776 University Avenue
Honolulu, Hawaii 96822

PHONE: (808) 948-7956
948-7740

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Hawaii

PRINCIPAL INVESTIGATOR: Mary Jo Noonan
OTHER STAFF TITLES: technical expert, project coordinator, curriculum coordinator, typist, graduate assistants

MAJOR GOAL OF THE PROJECT:

To develop a service delivery model to prepare handicapped infants, families, and professionals for least restrictive preschool environments (LRE).

CHARACTERISTICS OF TARGET POPULATION:

The project serves 100 infants birth to age 2 years with mild to severe handicaps and their parents/families in two demonstration sites. Most participants come from minority ethnic groups.

PROGRAM FOR CHILDREN:

Infants meeting established state criteria attend a center-based program for one and one-half hours per week. Individualized developmental plans (IDPs) are implemented at the center and by parents in the home, and include assessment strategies and curricula addressing skills needed for mainstreamed or other least restrictive preschool settings. Infants receive itinerant services as needed after transition into preschool.

MEASURES OF CHILD PROGRESS:

A variety of infant assessment measures are used to determine the objectives to be included in the IDP. Locally developed procedures are used to determine progress on these objectives.

PROGRAM FOR PARENTS:

The model incorporates strategies to increase parent awareness and skills to support transition. This includes training regarding knowledge of legal issues, working with professionals, planning for the future and other transition issues. Handbooks and consultant services are provided to aid the parents in securing and advocating for the most appropriate, least restrictive preschool setting for their child.

FEATURES AND PRODUCTS:

Project features include 1) active parent participation in the transition process; 2) adaptation of the ecological inventory assessment approach to developing infant curriculum; 3) development of an infant curriculum based on the survival skills necessary for successful preschool placement; and 4) an LRE-focused transdiciplinary team model.

NEIGHBORCARE

Integrated Family Day Care Home Model

ADDRESS: Department of Child Development and Family Studies
Purdue University
West Lafayette, Indiana 47907

PHONE: (317) 494-2942

YEAR OF FUNDING: 3

FISCAL AGENCY: Purdue University

DIRECTOR: Susan Kontos
COORDINATOR: Kristine Tiffany and Debora Murphy
OTHER STAFF TITLES: coordinator, trainer, assistant

MAJOR GOAL OF PROJECT:

To train and support family day care providers in the integration of handicapped children into family day care programs.

CHARACTERISTICS OF TARGET POPULATION:

The project is capable of serving approximately 12 to 24 handicapped children, birth to age 5 years, all day and children, age 6 to 8 years, after school and in the summer. Children are served regardless of their handicap.

PROGRAM:

The primary goal is to provide early intervention to preschool children of working parents in an ecologically valid setting, with family day care homes targeted as a setting providing full-day care. The project focuses on training and support to licensed family day care providers who are willing to integrate handicapped children into their program. Four phases of training are provided: initial skills assessment, training and awareness workshops, on-site consultation and supervision to promote behavior change, and maintenance of knowledge and skills. Caregivers are helped to optimize skills and carry out activities that promote curriculum/individual education plan objectives. Additional training addresses tracking progress, basic teaching techniques, behavior management, and working with parents. Activities for children are planned based on diagnostic/prescriptive curriculum for the birth-to-five range, such as the HICOMP Curriculum.

MEASURES OF CHILD PROGRESS:

Pretest and post-test assessments are conducted when handicapped children first enter the family day care home and at the end of each year they remain in the home. These evaluations consist of criterion-referenced assessments in the HICOMP Curriculum and norm-referenced assessments appropriate to the child's age and handicap.

PROGRAM FOR PARENTS:

The project attempts to normalize the lives of working parents with handicapped children by providing early intervention services in a day care context. Parents help develop individual education plans for their child and serve on the Advisory Committee. Individualized assistance is provided to parents based on results of a needs assessment conducted at the time of the child's enrollment in the program.

FEATURES AND PRODUCTS:

Videotapes and manuals to supplement training will be produced.

DEMONSTRATION 23

Model Preschool for Language-Disordered and ESL Children

ADDRESS: Speech/Language/Hearing Department
University of Kansas
290 Haworth Hall
Lawrence, Kansas 66045

PHONE: (913) 864-4690
864-4570

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Kansas

DIRECTOR: Mabel L. Rice and Kim A. Wilcox
OTHER STAFF TITLES: evaluation associate, classroom teacher, classroom aide, parent services coordinator, nurse, secretary/bookkeeper, audiological consultant, psychological consultant, interpreters

MAJOR GOAL OF PROJECT:

To develop a model intervention preschool program in a least restrictive environment (LRE) designed to provide comprehensive, language-based services to English-speaking children having language disorders, children who have English as a second language (ESL), and normally developing children with no diagnosed language disorder.

CHARACTERISTICS OF THE TARGET POPULATION:

The project serves approximately 40 children, age 3 to 5 years, from the three target groups.

PROGRAM FOR CHILDREN:

Children attend the preschool for half a day and receive intervention based on a cognitive/social model. Language intervention, individualized to fit the child's cognitive level, is focused on key linguistic terms and is provided in a functional context.

MEASURES OF CHILD PROGRESS:

Changes in language competence are measured by videotaped observations of language in natural settings, parents' ratings of the child's language, and, for the acquisition of English for ESL children, a standardized test of comprehension of English. Cognitive development will be measured using the Kaufman Assessment Battery for Children (K-ABC). School readiness will be assessed using the Brigance Diagnostic Inventory of Basic Skills.

PROGRAM FOR PARENTS:

Parents help design and carry out the home-based program. In the classroom, parents observe appropriate interactive techniques, participate in classroom activities, and provide information to the staff about their child's communication needs and skills. Parents of ESL children are encouraged to share information regarding their culture in the classroom.

FEATURES AND PRODUCTS:

Products to be developed include a videotape of children's language and interactions with others and three guides describing the program. The project also will develop and implement both inservice and preservice training using the model as a basis, and conduct activities to promote cross-cultural awareness and acceptance.

24 DEMONSTRATION

Planning School Transitions: Family and Professional Collaboration

ADDRESS: Bureau of Child Research
University of Kansas
223 W. Haworth
Lawrence, Kansas 66045

PHONE: (913) 864-3050
864-4295

YEAR OF FUNDING: 3

FISCAL AGENCY: University of Kansas

DIRECTOR: Susan Fowler
OTHER STAFF TITLES: coordinator, program assistant/teacher trainer, secretary

MAJOR GOAL OF PROJECT:

To develop a school transition model which will help families and professionals plan and communicate effectively during a child's transition period; and to help children, families, and school personnel prepare for school transitions.

CHARACTERISTICS OF TARGET POPULATION:

The initial target population consists of approximately 40 mildly to moderately handicapped children age 3 to 5 years and their families. The project serves any child who has substantial learning or behavior problems but who can benefit potentially from placement in preschools or kindergartens with nonhandicapped children.

PROGRAM FOR CHILDREN:

The project's services include a transition-training model to prepare handicapped children in their current, specialized classroom placement for transition into less restrictive classroom placements.

MEASURES OF CHILD PROGRESS:

Measures of child progress include the Kindergarten Survival Skills Checklist, developmental measures to document changes in child functioning within the major developmental areas, and a behavioral observation code to measure children's social adjustment to the new classroom and rates of teacher attention.

PROGRAM FOR PARENTS:

Parent involvement is a primary component of this project. The project attempts to: 1) help parents identify family and child needs; 2) develop and validate procedures for promoting family and professional collaboration in selecting and coordinating educational placements of children; 3) teach parents ways to monitor their child's progress; and 4) promote family participation in facilitating a child's adjustment and progress. Parent and teacher surveys are used to plan services and to evaluate satisfaction with child progress and placement.

FEATURES AND PRODUCTS:

A family systems approach is taken in assessing family skills and planning interventions for families. The project will develop a manual describing the transition-training procedures and strategies to facilitate family and professional collaboration. A step-by-step transition timeline will illustrate various levels of interaction between the preschool, the elementary school, and the family during the transition period.

Project KIDLINK

ADDRESS: The Capper Foundation
3500 West 10th Street
Topeka, Kansas 66604

PHONE: (913) 272-4060

YEAR OF FUNDING: 3

FISCAL AGENCY: The Capper Foundation for Crippled Children

DIRECTOR: Julie Keller
PRINCIPAL INVESTIGATOR: Benith McPherson
OTHER STAFF TITLES: early childhood special education teachers, speech/language pathologist, social worker, physical therapist, occupational therapist

MAJOR GOAL OF PROJECT:

To develop a model program for integrating physically handicapped and nonhandicapped preschoolers in a fulltime, reverse-mainstream preschool/child care setting; to incorporate nonhandicapped preschoolers as peer models in the therapeutic process; and to develop strategies for building mutual support systems between parents of handicapped and nonhandicapped children.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 20 children, age 2 years 9 months to school age, who are primarily physically handicapped and have secondary handicaps in fine- and gross-motor, speech, language, cognitive, and social skills. Ten nonhandicapped preschoolers also are served.

PROGRAM FOR CHILDREN:

The project implements a reverse mainstreaming program, by offering fulltime day care to attract parents of nonhandicapped children to the existing program for developmentally delayed children. Staff identify strategies to facilitate interaction between handicapped and nonhandicapped children and participation of nonhandicapped children as models in treatment.

MEASURES OF CHILD PROGRESS:

The extent to which individual objectives for each child are attained is documented by quarterly reviews of each child's individual education plan. Standardized measures of progress are used for all children.

PROGRAM FOR PARENTS:

Individual services for families are based on a survey of needs. Family members may serve as classroom volunteers and participate in parent training sessions, in-home programs, parent discussion groups, and activities for siblings. The quality of services to parents will be evaluated.

FEATURES AND PRODUCTS:

Project staff will prepare a blueprint for converting a segregated early intervention program in a special school setting into a more normalizing educational environment that includes both handicapped and nonhandicapped children. A series of pamphlets describes activities in the integrated preschool/day care setting and the use of nonhandicapped children as peer tutors in therapy sessions. A parent handbook and slidetape presentation are being developed. A parent strengths and needs assessment has been developed, to help staff determine the types of activities parents seek, their information needs, and the manner in which they would like to receive information.

Direct and Indirect Service Delivery to Handicapped Infants of Teenage and Adult Single Parent Families

ADDRESS: Hathaway Hall
Kentucky State University
Frankfort, Kentucky 40601

PHONE: (502) 227-6938

YEAR OF FUNDING: 3

FISCAL AGENCY: Kentucky State University

PRINCIPAL INVESTIGATOR: Herman Walston
DIRECTOR: Rita Mayfield
OTHER STAFF TITLES: teacher, family coordinator, speech therapist, psychological consultant, pediatric nurse consultant, secretary, project evaluator

MAJOR GOAL OF PROJECT:

To provide early intervention services for developmentally delayed and at-risk infants and toddlers of single-parent families; to strengthen community support; and to provide services to meet assessed needs of parents.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 20 children, birth to age 3 years, of adult and teen single-parent families. Children served are developmentally delayed or high-risk for developmental delay due to biological and environmental factors.

PROGRAM FOR CHILDREN:

Children receive one and one-half hours of intervention services weekly or biweekly, depending on the needs of the child. Older children attend group activities in the project classroom twice weekly. Home-based services are provided for infants and families or where required due to family situation. During home-based sessions, the teacher and parent discuss the child's performance, develop an instructional plan, and implement the plan activities.

MEASURES OF CHILD PROGRESS:

The Denver Developmental Screening Test is used for initial screening. Data from a variety of assessments are used to monitor child progress and the effectiveness of the program and the teachers. Assessment instruments used include the Early Learning Accomplishment Profile, the Early Intervention Profile, the Hawaii Early Learning Profile, and the Portage Project Checklist.

PROGRAM FOR PARENTS:

A teen parenting program, in cooperation with the local hospital and public schools, is provided for single parents, age 17 years and younger. Single parents, age 18 years and older, participate in another program. In both programs, families receive information and support through family life classes, parent-to-parent groups, and counseling. Parents are encouraged to participate in planning, implementing and evaluating their child's program. Staff and parents develop individual notebooks of instructions and activities to facilitate parents' interaction with their child at home.

FEATURES AND PRODUCTS:

The project provides free transportation to and from project activities, and child care for other children in the family while the parent and infant attend project activities. Parents and infants receive infant stimulation packets containing toys that facilitate parent-child interaction and enhance development. Project staff also assist families in obtaining local services.

STEPS

Sequenced Transition to Education in the Public Schools

ADDRESS: Child Development Center
465 Springhill Drive
Lexington, Kentucky 40503

PHONE: (606) 278-0549

YEAR OF FUNDING: 3

FISCAL AGENCY: Child Development Center of the Bluegrass, Inc.

PRINCIPAL INVESTIGATOR: Peggy Stephens
DIRECTOR: Rita Byrd
OTHER STAFF TITLES: social worker, teachers, parent coordinator/media specialist, speech pathologist, occupational therapist, physical therapist, secretary, bookkeeper, consultants, interagency coordinators

MAJOR GOAL OF PROJECT:

To develop a community-wide interagency model for facilitating the successful transition of handicapped children from preschool programs to the least restrictive environment placements in the public schools.

CHARACTERISTICS OF TARGET POPULATION:

The project will develop procedures to be used by agency preschools which serve 180 handicapped children birth to age 5 years, with follow-up services to children age 6 years who have exited the preschool programs. Handicapping conditions of children served range from mild to severe/profound and include one or more significant delays in major developmental areas (fine/gross motor, speech/language, cognition, and social/self-help skills).

PROGRAM:

The goal of the project is to develop and implement a community-wide interagency model for facilitating the successful transition of handicapped children from preschool programs to least restrictive environment placements in public schools. The project establishes an interagency agreement with the public school outlining how children will move from preschool into public school and how teachers and project personnel will collaborate to place the child in the least restrictive environment. Transitional class options will be developed according to each child's individual needs.

PROGRAM FOR PARENTS:

Parent involvement is a key factor in the successful transition of handicapped children from preschool programs to public school. The project sponsors a multilevel parent program which includes group inservice, individual inservice, a parent newsletter, a parent resource center network, and linkage to supplemental services. During the transition year, parents are informed of advocacy issues and of the various service options available to their children. Individual educational plans include objectives related to parent linkage to the public school.

FEATURES AND PRODUCTS:

The project has generated early childhood transition objectives and the Entry Level Skills Check-list for public school kindergarten, regular, and special education classrooms with an accompanying training package. Other products include a document outlining appropriate instructional activities; a document describing coordination with the public schools and the parent transition program; and a service directory for parents.

CAPS Project

ADDRESS: Human Development Center
LSU Medical Center
1100 Florida Avenue, Building 138
New Orleans, Louisiana 70119

PHONE: (504) 942-8214

YEAR OF FUNDING: 1

FISCAL AGENCY: Louisiana State University Medical Center

DIRECTOR: Ann Riall
COORDINATOR: Sandra Taylor
OTHER STAFF TITLES: occupational therapist, infant specialist, speech pathologist, technical assistance coordinator, pre-term assessment coordinator, dissemination coordinator, clerk/typist
TRAINEES: professionals working with infants who are biologically at extreme risk and also at risk socio-economically, including community-based generic service providers, neonatal intensive care unit (NICU) staff, and local education agency (LEA) pupil appraisal staff

MAJOR GOAL OF THE PROJECT:

To enhance the skills of those professionals involved with the extremely high-risk population of infants who have intraventricular hemorrhage and other serious medical problems.

TRAINING PROGRAM:

The project training has four objectives: 1) to increase the abilities of staff (neonatologists, residents, nurses) of a hospital NICU to educate socioeconomically disadvantaged families in how to provide improved care and stimulation to their biologically at-risk infants; 2) to provide community-based generic service providers with specialized skills who serve families on public assistance; 3) to increase the ability of LEA Pupil Appraisal staff (psychologists, special education consultants, occupational therapists, physical therapists, speech pathologists, social workers) to assess biologically at-risk infants; and 4) to develop and disseminate inservice training materials to these providers. The inservice training will progress from the staff of the NICU through the Kingsley House Home-based Program, the Local Education Agency Pupil Appraisal Team, and the Urban League Parent-Child Center.

EVALUATION:

Evaluation will focus on the following: 1) Goal/Objective Monitoring (starting and completion date, documentary evidence of completion of the activity, and documentation of any discrepancies); 2) Participant Performance Measures (the performance of project trainees in each of the settings and the performance of the family members the trainees teach); 3) Participant Reaction Measures (questionnaires that assess the opinions of agency trainees, agency administrators, and families involved in the training); and 4) Descriptive Data for the Multi-Agency Model.

DISSEMINATION:

The training package will be developed as a combination of videotapes and printed materials. Instructions will be provided and project staff may be available for technical assistance and for intensive training.

DEMONSTRATION 29

Preventive Intervention Project

ADDRESS: Department of Mental Health
and Mental Retardation
Bureau of Children with Special Needs
State House Station 40
Augusta, Maine 04333

PHONE: (207) 289-4250

YEAR OF FUNDING: 3

FISCAL AGENCY: Department of Mental Health and Mental Retardation

DIRECTOR: Edward C. Hinckley
OTHER STAFF TITLES: assessment coordinator, services coordinator, secretary

MAJOR GOAL OF PROJECT:
To institute comprehensive newborn screening procedures and subsequent assessment; and to develop an interagency, multidisciplinary service system using existing service providers.

CHARACTERISTICS OF TARGET POPULATION:
Approximately 80 infants are identified and served each year. Risk categories include organic physical and mental handicaps, circumstances of birth, and environmental conditions that could be expected to lead to emotional or behavioral disorders or developmental delays. The program also serves the families of these infants.

PROGRAM FOR CHILDREN AND FAMILIES:
Screening to identify handicapped and at-risk children takes place during pregnancy, at delivery, or during the perinatal period. After assessment, children are referred to "Family Support Teams," drawn from private and public agencies. Individual service plans for child and family are developed based on assessment results.

MEASURES OF CHILD PROGRESS:
Initial assessment includes the Dubowvitz Measure of Gestational Age; Apgar scores at one and five minutes; weight, length, and head circumference at birth; and congenital anomalies. The project also uses the Brazelton Neonatal Behavior Assessment Scales, the Bayley Scales of Infant Development, the Stanford-Binet Intelligence Scale, the Behar Preschool Behavior Questionnaire, and the Kuhn-Roseman Social Scale and Symptom Checklist to monitor child progress. Parent/child interactions are measured using the Home Observation for Measurement of the Environment, structured home observation scales, and the NCAST Feeding Scale. Measures of family functioning include the Schedule of Recent Events (Holmes & Rahe), the Family Support Scale (Dunst, Jenkins & Trivette), and the Questionnaire of Resources and Stress (Friedrich, Greenberg & Crnic).

FEATURES AND PRODUCTS:
The model was developed by staff members from a variety of agencies (Maternal and Child Health, Public Health Nursing, Social Services, Special Education, and Mental Health) working with parents of handicapped children. The project will conduct a cost-benefit analysis of its techniques, and evaluate the effectiveness of its screening and service delivery systems. Other project activities include model dissemination and staff development and training activities.

Integrated School Services for Pre-Kindergarten Students with Autism

ADDRESS: University of Maryland
Department of Special Education
College Park, Maryland 20742

PHONE: (301) 454-2118
424-3595

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Maryland
Department of Special Education

DIRECTORS: Andrew Egel and Patricia Edmister
COORDINATOR: Michael Powers
OTHER STAFF TITLES: technical assistance team leader, project assistants (2), external evaluator, classroom teacher, secretary

MAJOR GOAL OF PROJECT:

To establish a model educational program in an integrated setting for prekindergarten students with autism; to examine the feasibility of training parents to use "naturalistic" teaching strategies with their child; and to disseminate and replicate the program.

CHARACTERISTICS OF TARGET POPULATION:

During its three years of funding, the project will provide direct services to 18 children, age 2 to 5 years, who have been diagnosed autistic and who traditionally have been excluded from public schools.

PROGRAM FOR CHILDREN:

An individualized curriculum and set of skills is developed for each child, based on an ecological inventory. In the school-based component, instruction involves nonhandicapped peers, with supplementary services such as special language and occupational therapy provided as needed. Instruction in the home focuses on training parents and older siblings to facilitate social interactions and specific skills in naturally occurring activities.

MEASURES OF CHILD PROGRESS:

Data will be collected on the effectiveness of instructional procedures using specific single subject experimental designs that emphasize repeated, continuous measurements of behavior across time. Curriculum questions will be addressed through social validation measures.

PROGRAM FOR PARENTS:

Parents and family members participate in initial assessment and in preparation of the individualized education plan (IEP). Parent interviews allow staff to assess parents' training priorities and to provide both group and home-based instruction. A parent support group meets monthly, and parents are encouraged to observe their child in the classroom setting. Parent training performance and overall impact of the program on the family system will be assessed using multiple measures, both standardized and operational.

FEATURES AND PRODUCTS:

Dissemination activities will be geared toward practitioners in support areas such as special education, social work, special pathology, nursing, medicine, physical and occupational therapy, and psychology. Activities include inservice workshops, site visits, conference presentations, and publications of model procedures in professional journals.

DEMONSTRATION 31

Project KAI

ADDRESS: 77B Warren Street
Brighton, Massachusetts 02135

PHONE: (617) 783-7300

YEAR OF FUNDING: 1

FISCAL AGENCY: South Shore Mental Health Center

DIRECTOR: Geneva Woodruff
COORDINATOR: Chris Hanson
OTHER STAFF TITLES: trainer/transagency specialist, trainer/family system specialist, media consultant
TRAINEES: educators, therapists, nurses, and administrators from local, regional and state-level service agencies

MAJOR GOAL OF PROJECT:

To facilitate comprehensive and coordinated service delivery to handicapped and at-risk children, birth to age three years, and their families whose service needs exceed the resources of any one agency or program; and to provide training in the transdisciplinary model of service delivery.

TARGET POPULATION OF TRAINING:

At the local level, the project targets professionals serving handicapped and at-risk children birth to age 3 years who have chronic illnesses or severe handicapping conditions or are at risk due to the financial, psychological, or social situation of their families. At the state level, training is directed to administrators and program planners charged with developing statewide service delivery systems.

TRAINING PROGRAM:

Project KAI provides three levels of on-site training and continued technical assistance. The first level applies a systems framework to the developmental problems of handicapped and at-risk children and the impact these problems have on family functioning. The second level addresses the implementation of both a transdisciplinary and a transagency system of service delivery at the local or regional level. The third level operates on the state level, and focuses on group dynamics, organizational behavior, and training others to implement the system at the local level.

EVALUATION:

Formative evaluation will focus on the degree to which staff actualize individualized goals and objectives developed for each training site. Summative evaluation will examine the impact of training in the transdisciplinary and transagency service delivery model on the provision of coordinated and comprehensive services.

DISSEMINATION:

The project will develop and disseminate a slide/tape presentation on the importance of family-focused and interagency collaborative approaches to service delivery; an annual newsletter to early childhood programs; a directory of programs, trained by Project KAI, that utilize family-focused and/or transagency service delivery approaches; a manual on training organizations in the Transagency System of Service Delivery; and a proceedings document from a sponsored national conference focusing on research and existing programs that utilize family-focused and/or transagency approaches.

Project WIN

ADDRESS:	South Shore Mental Health Center 77B Warren Street Brighton, Massachusetts 02135	PHONE:	(617) 783-7300
		YEAR OF FUNDING:	1

FISCAL AGENCY: South Shore Mental Health Center

DIRECTOR: Geneva Woodruff
OTHER STAFF TITLES: social worker, psychologist, nurse, child development specialist, administrative assistant

MAJOR GOAL OF PROJECT:

To provide transagency, family-focused services for young children at risk for AIDS or diagnosed as having AIDS due to parental intravenous drug abuse.

CHARACTERISTICS OF TARGET POPULATIONS:

The project serves 25 families in the Greater Boston area with children, birth through age 5 years, whose parents have successfully completed treatment or are in treatment for intravenous substance abuse at one of the WIN network treatment agencies.

PROGRAM FOR FAMILIES:

Project WIN provides intensive family-focused, home-based counseling, education and psychosocial support services, as well as center-based educational and therapeutic services. These services include transdisciplinary assessment of child and family, coordination of primary care and support services, case management, implementation of the comprehensive service plan, and individual and group counseling/education at home or in the center. An individual family service plan, reflecting family-identified needs and priorities, is developed for each family and reviewed by the family and the project in quarterly case conferences.

EVALUATION/MEASURES OF PROGRESS:

Each child receives a transdisciplinary arena assessment, using the Hawaii Early Learning Profile and the Battelle Developmental Inventory. Family assessments include clinical observation and family self-identification of needs and priorities.

FEATURES AND PRODUCTS:

The project uses the transagency model as its service approach. The services of health, medical, educational, and social agencies are coordinated by a board composed of representatives from city and state agencies, pediatric units, and health, education, drug treatment, and social service agencies. At monthly meetings the board sets policies, monitors procedures, and oversees case management and coordination of the activities of the WIN team. Concerns include coordination and mobilization of services before the child is discharged from the hospital; effective and efficient use of community resources; containment of health care costs; reduced demand on hospital/hospice resources; and maximum community support for child and family. Project WIN will provide training and disseminate information to professionals and the public regarding the needs of these families and successful practices for meeting these needs.

DEMONSTRATION 33

Identification and Remediation of an At-Risk Preschool Population

ADDRESS: Children's Language Institute, Inc.
P.O. Box 211
Ludlow, Massachusetts 01056

PHONE: (413) 589-9161

YEAR OF FUNDING: 3

FISCAL AGENCY: Children's Language Institute, Inc.

DIRECTOR: Kathleen K. Mullins
COORDINATOR: Paul E. Quin
OTHER STAFF TITLES: speech-language pathologist/teacher, early childhood education/assistant teacher, social worker, consultants, classroom aides

MAJOR GOAL OF PROJECT:

To provide a classroom-home language remediation program for mildly language-deviant preschool children; to facilitate transdisciplinary staff responsibilities; to enhance home activities through parent training and support groups; and to develop and standardize a placement test to identify children for whom the program is appropriate.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 12 neurologically impaired, language- and learning-disabled children age 2 1/2 to 5 years.

PROGRAM FOR CHILDREN:

The project prepares preschool, language- and learning-disabled children for successful entry into regular school and helps them attain a level of success commensurate with their level of intelligence. Children attend a half-day program five days weekly. A project-designed curriculum combines language and cognitive learning. Four nonhandicapped children are enrolled in the classroom as peer models. A general preschool framework is used for class scheduling, though all curriculum is language based.

MEASURES OF CHILD PROGRESS:

Child progress is assessed formally and informally. Formal testing at the end of each year determines if the child has attained language abilities appropriate to his or her age. Follow-up and support are provided for the child and the public school teachers, up to and including grade two. The special education needs of project children are determined and compared to needs of children with similar deficits who were not part of a preschool program.

PROGRAM FOR PARENTS:

A social worker leads weekly group counseling sessions and parent training workshops on child development and behavior management techniques. Individual counseling sessions and home visits are scheduled as needed. The speech/language pathologist visits each child's home five times a year to consult with the family about appropriate experiences for the child.

FEATURES AND PRODUCTS:

The project expects to develop a program that can be adapted for use in public schools or preschool centers. The program will include a placement test and a language-based curriculum.

Family Day Care Project

ADDRESS: Family Day Care Project
408 N. First Street
Ann Arbor, Michigan 48103

PHONE: (313) 662-1135
662-9511

YEAR OF FUNDING: 3

FISCAL AGENCY: Child Care Coordinating and Referral Services

DIRECTOR: Sylvia N. Jones
COORDINATOR: Ann Saffer
OTHER STAFF TITLES: psychological, education, medical, and evaluation consultants; program assistant

MAJOR GOAL OF PROJECT:

To train family day care providers to care for children with special needs; to match families with trained day care providers; and to provide support/outreach services to the trained providers.

CHARACTERISTICS OF TARGET POPULATION:

This project trains family day care providers from Washtenaw County to care for children with special needs. Day care providers register for a series of seminars and workshops and receive regular home visits from the special services coordinator. A special effort is made to reach those caregivers already providing day care to handicapped children.

PROGRAM:

Practical seminars span eight-month intervals. The curriculum focuses on four areas of special care: physical, cognitive, emotional, and sensory. Trainees are taught observation and screening techniques, behavioral management, and special care techniques. Some seminars address parenting skills with emphasis on the interaction between children and the providers. Child development workshops stress understanding of cognitive stages and how these relate to the planning of appropriate activities for children. Enrollees are exposed to issues related to the care of adopted, biracial, abused, neglected, and at-risk children and infants.

EVALUATION:

Evaluations of the caregiving environment using the Family Day Care Rating Scale and its adaptation for children with special needs form the core of the project's evaluation. Surveys of knowledge and attitudes of the caregiver before and after the training and before and after the placement of children with special needs are also included in the evaluation process.

PROGRAM FOR PARENTS:

Parents, caregivers, and the special services coordinator work together to form a list of social learning goals appropriate to the family day care setting for the individual child. This plan forms the base from which an individual caregiving and play curriculum for each child is generated. Case management services are also offered.

FEATURES AND PRODUCTS:

The project is developing activity and resource notebooks for providers who work with handicapped children, and a videotape which promotes mainstreamed family day care.

Cooperative Medical/Developmental/Family Interventions for Infants with Severe Handicaps

ADDRESS:
University of Southern Mississippi
Department of Special Education
Southern Station, Box 5115
Hattiesburg, Mississippi 39406

PHONE: (601) 266-5135
266-5163

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Southern Mississippi

DIRECTOR: Robert Campbell and Kathleen Stremel-Campbell
OTHER STAFF TITLES: infant development specialists, assistant administrator, education coordinator, data coordinator, consultant, secretary

MAJOR GOAL OF PROJECT:

To establish a model that provides medical/developmental interventions for severely handicapped infants through a flexible service delivery system that is cost-effective, family-oriented, and able to meet the needs of families in rural areas; and to locate and train local service personnel in rural areas to provide intervention services for infants and their families.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 40 to 60 severely and multiply handicapped infants, birth to age 36 months, and their families, within a 90-mile radius of Jackson, Mississippi. Infants are identified by medical staff of the University of Mississippi Medical Center's Neonatal Intensive Care Unit (NICU).

PROGRAM FOR FAMILIES:

Each infant is viewed as having specific competencies that can be fostered by appropriate developmental, medical, and family interventions services. NICU and project staff train parents in areas such as medical care, feeding, alert states, and handling and positioning techniques to maximize reciprocal interactions during the child's stay in the NICU. For parents who cannot come to the NICU for training, the project provides an intensive, two-day support and training session at the Mississippi Children's Rehabilitation Center immediately after the infant leaves the NICU. Home-based intervention services are provided weekly. Parents also are assisted in accessing follow-up medical services and other community resources.

MEASURES OF CHILD PROGRESS:

Multiple assessments of infant competencies are administered initially to determine infant/family needs and skills. Evaluation instruments include the Bayley Scales of Infant Development, Brazelton Neonatal Behavioral Assessment Scales, Assessment Log for the Carolina Curriculum for Handicapped Infants, Maternal Behavior Rating Scale, and McCollum SARS Rating Scale. Project staff use individual family plans (IFPs) to measure child progress specific to each intervention objective, and skill acquisition and generalization.

FEATURES AND PRODUCTS:

The project, in cooperation with the NICU staff and the state's Early Childhood Plan Grant, will develop a tracking and follow-along system to create a registry of all handicapped infants and track these infants and the service options available to them. Video demonstrations of specific intervention skills will be developed for parents and local service providers. Local service providers receive ongoing technical assistance from project staff.

PALS

Preschool Acceptance through Language and Social Development

ADDRESS: 3208 Lexington
Kansas City, Missouri 64124

PHONE: (816) 231-1533
276-1770

YEAR OF FUNDING: 3

FISCAL AGENCY: University of Missouri

PRINCIPAL INVESTIGATORS: Carl F. Calkins and Franklin W. Neff
COORDINATOR: Leslie Caplan
OTHER STAFF TITLES: research assistants, consultants, volunteers, evaluation design specialist, secretary, teaching assistants

MAJOR GOAL OF PROJECT:

To develop a mainstreaming model that uses volunteers to train handicapped and nonhandicapped students to cooperate in school and play activities.

CHARACTERISTICS OF TARGET POPULATION:

The project serves approximately 30 children age 6 months to 5 years. Handicapping conditions include cerebral palsy, mental retardation, autism, hydrocephaly, microcephaly, hearing and visual impairments, and language delay.

PROGRAM FOR CHILDREN:

PALS is a project to develop a mainstreaming model that uses trained volunteers to implement individual education plans (IEP) in language development, socialization, and social integration with handicapped children in integrated settings. Children from a university-affiliated preschool for handicapped children are integrated with children from an existing preschool currently serving nonhandicapped children. Trained volunteers help children in the transition process by providing instruction and guidance in identified goals and objectives.

MEASURES OF CHILD PROGRESS:

Volunteers and teaching assistants collect data daily on each child. Other data are collected at the beginning and end of each year. Data on progress are obtained from IEPs, the Brigance Inventory of Early Development, the Walker-Rankin Rating Scale of Adaptive and Maladaptive Child Behavior in school, and anecdotal records. Other data obtained from teachers permits examination of the increase in student behavioral repertoire and its match with the Social Behavioral Survival Inventory of Standards and Expectations.

PROGRAM FOR PARENTS:

Parents of children enrolled in the university-affiliated preschool participate in a parent program which includes daily school-home communication, monthly home visits by preschool staff, and a parent support group. Parents of children enrolled in the community preschool participate in meetings aimed at increasing their awareness of mainstreaming.

FEATURES AND PRODUCTS:

The university-affiliated preschool and community preschool are in the same building. This allows flexibility in the design of the integration program.

Co-TEACH

ADDRESS: School of Education
University of Montana
Missoula, Montana 59812

PHONE: (406) 243-5344

YEAR OF FUNDING: 2

FISCAL AGENCY: University of Montana

DIRECTOR: Rick VandenPol
COORDINATOR: David P. Rider
OTHER STAFF TITLES: supervising teacher, transdisciplinary facilitator, instructional therapists

MAJOR GOAL OF PROJECT:

To develop an exportable model for transitioning handicapped preschoolers into, and out of, center-based programs.

CHARACTERISTICS OF TARGET POPULATION:

The project serves eight handicapped children, all of whom will be eligible for public school special services the following year. At least four of six handicapping conditions are present: mild mental retardation, moderate to severe mental retardation, sensory impairment, physical or medical problems, multiple handicaps, and autistic or autistic-like behavior.

PROGRAM FOR CHILDREN:

The major aim of this project is to ensure that child progress observed in early intervention programs is maintained. Features include assessment of adaptive behavior requirements in receiving classrooms, child training in academic independence and social competence, involvement of receiving teachers in the preschool program, and use of a "buddy system" in which older students are paired with young handicapped students.

MEASURES OF CHILD PROGRESS:

Child progress is monitored daily through direct observation. Quarterly administrations of criterion- and norm-referenced tests assess progress in major developmental areas. Tests used include the Bayley Scales of Infant Development, Goldman-Fristoe, Alpern-Boll Developmental Profile, and Curriculum and Monitoring System (CAMS).

PROGRAM FOR PARENTS:

Parents participate each week in the classroom. Parents learn through on-the-job training, and, when necessary, through workshops and short courses, and train other staff to carry out their child's therapy program. Later, parents train the receiving teacher to deliver preschool-developed therapy programs.

FEATURES AND PRODUCTS:

The project will develop a training package which will measure and facilitate child skill maintenance and carry over. A survival skills checklist is being field-tested in local kindergartens and "regular" day care programs. Project-developed assessment instruments permit empirical referencing of the range of acceptable parameters for various receiving environments.

Getting Started Together

ADDRESS: Meyer Children's Rehabilitation Institute
444 South 44th Street
Omaha, Nebraska 68131

PHONE: (402) 559-5766

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Nebraska Medical Center

DIRECTORS: Cordelia Robinson and Beverly Hays
COORDINATOR: Audrey Nelson
OTHER STAFF TITLES: curriculum specialist, medical faculty liaison, teachers, consultants, curriculum developers, secretary specialist
TRAINEES: health professionals (nurses, social workers, physical and occupational therapists, speech pathologists, pediatricians) and parents

MAJOR GOAL OF PROJECT:

To provide training to health professionals serving handicapped and at-risk children birth to age 2 years on the development of the family systems approach appropriate to a largely rural setting which addresses the needs of all family members affected by the infant's handicapping condition.

TRAINING PROGRAM:

The training program has four objectives: to develop a 48-hour curriculum on development and psychosocial needs of the handicapped infant, to define and deliver this training to health professionals, to develop teaching tools to support this training, and to develop and implement a plan of evaluation. The curriculum will contain eight modules, covering family reaction to the diagnosis of a child's disability, infant assessment, intervention in the neonatal intensive care unit, intervention with infants and toddlers, intervention with parents, developmental disabilities, developing an interdisciplinary team, and case coordination. Approximately 105 health professionals will receive training during the first project year.

EVALUATION:

Formative and summative evaluation procedures will be used to assess such program dimensions as overall program training design, instructional development and delivery, professional competencies, use of resources, and impact on services for handicapped and at-risk infants and their families.

DISSEMINATION:

Instructional strategies include independent learning packets, one-day conferences, circuit courses, educational consultations, dedicated telephone line and other telecommunications methods.

FEATURES AND PRODUCTS:

Experts from the fields of special education, nursing and continuing education will collaborate in developing a training program. Project staff will identify existing media projects, including films, videotapes, and print materials, which may be used in training. Self-contained individual learning packets will be produced.

DEMONSTRATION 39

Project Continuity

ADDRESS: Meyer Children's Rehabilitation Institute
444 South 44th Street
Omaha, Nebraska 68131

PHONE: (402) 559-5766

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Nebraska Medical Center

CO-DIRECTORS: Cordelia Robinson and Judy Quinn
COORDINATOR: Barbara Jackson
OTHER STAFF TITLES: nursing supervisor; social work supervisor; parent-infant educator; child-life specialist; nurse; social worker; evaluator; secretary; health consultants

MAJOR GOAL OF PROJECT:

To provide continuous integrated health, therapeutic, and educational services for severely handicapped, chronically ill infants,

CHARACTERISTICS OF TARGET POPULATION:

The project serves 20 to 24 infants birth to age 2 years who are severely disabled and have chronic illnesses that require frequent and prolonged hospitalizations for corrective or stabilizing treatments.

PROGRAM FOR CHILDREN:

The primary care nurse incorporates developmental activities into the infant's health care routines during the hospital stay and encourages interaction with older pediatric patients. The care team, consisting of primary care nurse, social worker, and child-life specialist, prepares a smooth transition to the home setting and works with local agencies to coordinate additional services for the child and family.

MEASURES OF PROGRESS:

Infant evaluations are made regularly by an interdisciplinary team consisting of a parent-infant educator, physical and occupational therapists, and a speech pathologist. Assessment tools include the Battelle Developmental Inventory, the Bayley Scales of Infant Development, the Sequenced Inventory of Communication Development, and the Coping Inventory. In addition, the primary care nurse administers the Uzgiris-Hunt Ordinal Scales of Psychological Development to determine the most appropriate toys for the infant.

PROGRAM FOR PARENTS:

A "rooming-in" approach for the mother is encouraged to foster continuity and consistency of interactions during the hospital stay. Parents and family members are instructed on development activities, and follow-up home visits by the core team focus on routine care procedures, use of medical equipment, and identification of additional community resources and services.

FEATURES AND PRODUCTS:

An inservice training package provides primary care nurses with knowledge about normal infant development, intervention principles, and strategies for use with handicapped and at-risk infants and their families. Primary care nurses develop written illustrations of developmentally appropriate educational activities for each infant, for other caretakers to use. Special resources include a toy-lending library and a resource library.

Project Participate

ADDRESS: Department of Psychology
University of Nebraska at Omaha
Omaha, Nebraska 68182

PHONE: (402) 554-2556

YEAR OF FUNDING: 2

FISCAL AGENCY: University of Nebraska

DIRECTOR: Steven Rosenberg
COORDINATOR: Mary Clark
OTHER STAFF TITLES: secretary, technical assistant, speech-language pathologist, consultants

MAJOR GOAL OF PROJECT:

To increase active participation by young children who have severe motor disorders through the use of adaptive devices.

CHARACTERISTICS OF TARGET POPULATION:

The project serves children birth to age 5 years of varying cognitive abilities who have severe motor impairments. Most are nonambulatory, have limited hand use, and do not communicate verbally. Six children are served in preschool classrooms; six infants and toddlers are served in home programs.

PROGRAM FOR CHILDREN:

The primary goal of the project is to enable children to interact more actively with their environment through the use of adaptive devices, including powered mobility and microcomputers. Following a comprehensive assessment of the child's needs, project staff select and adapt appropriate hardware and software. Switches to operate the devices are selected for each child, taking into account the child's positioning requirements and range of movement. The interventions make use of adaptations designed to build social and self-help skills as well as cognitive and communication skills. The model project is carried out within an existing public school program for handicapped infants and preschoolers. Preschool age children attend preschool five days weekly. Infants are enrolled in a home-based program which offers two one-hour home visits weekly, as well as the supplemental services of an occupational therapist and a physical therapist.

MEASURES OF CHILD PROGRESS:

Observational measures of child participation and child communication have been developed. These are used to assess the effects of interventions on the children.

PROGRAM FOR PARENTS:

Parents participate in instructional and support programs which encourage their active participation in their child's educational program. Training related to the use of adaptive devices is provided for families of children involved in home program activities.

FEATURES AND PRODUCTS:

The project will identify decision processes for physically handicapped children which guide assessment and intervention efforts. An expert system is currently in development. The project also proposes to develop and validate staff training in the use of the technology.

PACEER

Parent and Child Early Education Resources

ADDRESS: Research & Educational Planning Center
College of Education
University of Nevada at Reno
Reno, Nevada 89557

PHONE: (702) 784-4921

YEAR OF FUNDING: 3

FISCAL AGENCY: University of Nevada at Reno

DIRECTOR: Gretta B. Moon
COORDINATOR: Sue Destroy
OTHER STAFF TITLES: early childhood teacher; parent facilitator; occupational therapy, physical therapy, and speech pathology audiology consultants

MAJOR GOAL OF PROJECT:

To provide home- and center-based services for mildly to moderately handicapped young children; to provide parent support and education; to provide a preservice practicum site; and to produce a screening kit.

CHARACTERISTICS OF TARGET POPULATION:

The project serves children, birth to age 3 years, in the Reno area who are moderately to profoundly handicapped or at medical or environmental risk for developmental delays. Normally developing peers also are served.

PROGRAM FOR CHILDREN:

The project offers Toddler Play Group twice weekly at the center. Individual sessions in the home or center are available weekly. Individual developmental goals are established in the areas of cognition, communication, motor, social, and self-help. Therapy services are provided on a consultation basis. Nonhandicapped peers and siblings are involved in the play group.

MEASURES OF CHILD PROGRESS:

Child progress is measured by skill change on the Early Intervention Developmental Profile, administered every six months. Parent and play group observation are included in reports on child growth.

PROGRAM FOR PARENTS:

Parents are asked to be present and to participate in all individual sessions with their child. The project offers opportunities for classroom volunteering, parent groups, and special speakers. Parents participate in planning, child assessment, program implementation, and evaluation. Emotional and psychological support for parents is provided through individual counseling, home visits, weekly discussion sessions, and monthly family information night meetings. Through these channels, pertinent and requested information is disseminated, on such topics as educational resources, program availability, child development, parent education, advocacy, parental rights, physical care, legal issues, and stress management.

FEATURES AND PRODUCTS:

The project provides a site for professional preservice and inservice training. The project has designed a kit of screening materials, including a standardized screening tool, print materials, and videotapes on developmental milestones, warning signs of delays and hearing loss, curricula for young children, and discussing screening results with parents.

HAPPY

Home Activity Program for Parents and Youngsters

ADDRESS:	Nevada Department of Human Resources Division of MH/MR 480 Galletti Way Sparks, Nevada 89431	PHONE:	(702) 789-0284
		YEAR OF FUNDING:	2

FISCAL AGENCY: Nevada Department of Human Resources

DIRECTOR:	Marilyn Walter
COORDINATOR:	Cybil Perkins
OTHER STAFF TITLES:	child development specialist, physical therapist, communication disorders specialist, educational consultant, computer consultant, secretary

MAJOR GOAL OF PROJECT:

To develop a replicable, cost-effective model of home-based, computer-assisted, comprehensive service delivery in the home to young children with handicaps and their families residing in isolated rural areas.

CHARACTERISTICS OF TARGET POPULATION:

The project serves approximately 20 families in isolated rural Nevada counties who have handicapped children birth to age 6 years. All handicapping conditions are included.

PROGRAM FOR CHILDREN:

The project provides in-home service through the use of computerized curricula and video equipment. Following assessment, project staff design a curriculum which meets the individual needs of the child. Videotapes are made of children during assessment and parent/child performance of recommended curriculum home activities during monthly home visits. These tapes are reviewed regularly by the Reno-based interdisciplinary team who prepare written and videotaped home activities.

MEASURES OF CHILD PROGRESS:

Multiple measures are used to assess child progress at regular intervals. Following an initial screening, the child's abilities are evaluated using both standardized and criterion-referenced tools. Medical, psychological, and other related data is collected as necessary. Parents regularly gather data on their child's progress at home.

PROGRAM FOR PARENTS:

Parents receive training and services from project case managers and through instructional videotapes. The curriculum is based on individual parent/family needs and abilities. Parents receive coaching on child development, social learning concepts, and limit-setting techniques, and are trained in data collection. Parents are encouraged to become active members of CHANCE, a Nevada parent group which supports handicapped children's education.

FEATURES AND PRODUCTS:

The project will develop an up-to-date means of identifying the particular needs of targeted children, and use computer and videotape technology to provide each child with appropriate educational/therapeutic programs. Videotapes of parent/child home activities are used in lieu of regular home visits by therapists in order to reduce program costs.

DEMONSTRATION 43

CONNECT

ADDRESS: Pediatric Rehabilitation Department
John F. Kennedy Medical Center
2050 Oak Tree Road
Edison, New Jersey 08820

PHONE: (201) 548-7610

YEAR OF FUNDING: 1

FISCAL AGENCY: John F. Kennedy Medical Center

CO-DIRECTORS: G. Gordon Williamson and Shirley Zeitlin
COORDINATOR: Kathy Quinn
OTHER STAFF TITLES: clinicians, speech/language pathologist, social worker, nurse, physical therapist, occupational therapist, psychologist, secretary
TRAINEES: service delivery personnel (professionals and paraprofessionals) in early intervention programs and other agencies, such as head start and day care, that serve young handicapped children and their families, and parents

MAJOR GOAL OF PROJECT:

To develop and disseminate self-contained training modules and related materials that will help practitioners acquire or enhance the knowledge, skills and attitudes required to implement a family systems approach to early intervention programs.

TRAINING PROGRAM:

Training modules in five content areas will be developed focusing on families and family systems; implementing a family systems approach to early intervention; beliefs and attitudes that influence family/staff interaction; foundational skills required in a family systems approach; and the role of the family in early intervention programs. The training modules will be developed so that the users can acquire knowledge, learn skills, and examine attitudes. Each module will be designed for implementation within a one-hour time frame. The project also will develop a user's manual containing a guide for selecting training materials, and options for using them within the daily operation of an early intervention program.

EVALUATION:

Each of the project's objectives has an evaluation component. In addition, a formative and summative evaluation, addressing the entire scope of project activities, will be conducted over the three years with the assistance of the project's evaluation consultant.

DISSEMINATION:

The training modules will be disseminated through project-based awareness activities and collaborative efforts with other agencies. The New Jersey Department of Education will use the modules in their technical assistance plan. Other dissemination activities include working with TADS and the Resource Access Projects of Head Start, mailings to all directors of early childhood state plans and HCEEP projects, presentations at state and national conferences, and sharing information with college training programs. After complete field testing, the training materials will be made available through a nationally recognized publisher.

GAP

Parent-Infant Growth, Advocacy and Planning

ADDRESS: University of New Mexico
School of Medicine
Department of Pediatrics/Neonatology
Albuquerque, New Mexico 87131

PHONE: (505) 277-4361

YEAR OF FUNDING: 3

FISCAL AGENCY: University of New Mexico School of Medicine

DIRECTOR: Ginny Munsick-Bruno

OTHER STAFF TITLES: clinical assistant, occupational therapist, nurse, systems specialist, environmental analyst, program consultants, educational specialist

MAJOR GOAL OF PROJECT:

To create and apply an integrated medical/developmental intervention model within newborn intensive care that maximizes the developmental potential of the infant within a family context.

CHARACTERISTICS OF TARGET POPULATION:

The children and families served by this project receive care within the university's newborn intensive care unit. Over 530 premature or critically ill infants are admitted to the unit each year. Over half the children are Hispanic or Native American.

PROGRAM FOR CHILDREN:

Developmental intervention is designed to fit naturally into the medical routine of the newborn intensive care units. Training activities, routines, and materials prepared for parents, nurses, and volunteer cuddlers promote optimal development during daily activities such as diapering, feeding, and medical procedures. Specific intervention programs are designed and implemented when needed. The parent's relationship with the infant is defined by direct teaching, modeling, repetition, and positive reinforcement. Parents are encouraged to learn about their children, about services and service systems available, and how to advocate for their children after discharge. Continued infant assessment and support to parents is available.

MEASURES OF PROGRESS:

Staff members observe the child's positions and environment and the way the parent and the nurse handle the infant. Nurses' notes about the child's development and responsiveness are examined, and parents provide feedback about the care their children received in the newborn intensive care unit. Professionals offer feedback about their relationships to the infants and parents and their own participation in the project.

FEATURES AND PRODUCTS:

The project will develop a process to assess the intensive care nursery environment in order to identify areas into which development can be incorporated. A procedural guide on how to integrate developmental services within the environment and a developmental handbook describing services and activities that can be integrated will be produced.

TIPS

Training in Parenting Skills

ADDRESS: P.O. Box 2332
Santa Fe, New Mexico 87504

PHONE: (505) 983-9690

YEAR OF FUNDING: 2

FISCAL AGENCY: New Vistas

DIRECTOR: Mary K. Russell
PROJECT MANAGER: Clarabel Marquez
OTHER STAFF TITLES: early childhood specialist, adult developmental disabilities specialist, project evaluator

MAJOR GOAL OF PROJECT:

To develop and implement a training-in-parent-skills program designed to provide comprehensive services to developmentally disabled parents with young children.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 20 families, each of which has at least one developmentally disabled parent serving as primary caretaker to children birth to age 6 years.

PROGRAM FOR FAMILIES:

The activities of the project are directed primarily toward the parents and community service providers, although the goal of the project is to reduce or eliminate the risk for developmental disabilities in children whose parents are developmentally disabled. Intervention is provided in the home, the project's home-style center, and settings in other agencies, and takes place over a one-year period, after which follow-up support begins. Project staff visit the homes at least weekly. Individual sessions and weekly play groups for parents and children are designed to meet the individual needs of the child. Parents' strengths and needs are determined at enrollment, and parent learning styles are assessed. The project employs communication techniques that rely on experiential rather than didactic teaching methods. Parents also participate in parent support groups. Project staff assist parents in finding the most appropriate educational and social setting for the children served.

MEASURES OF CHILD PROGRESS:

Child progress is measured using standardized instruments such as the Bayley Scales of Infant Development, Learning Accomplishment Profile, and Sequenced Inventory of Communication Development. Data is collected on such progress indicators as number of children placed in mainstreamed environments, health and safety of children, parent attitude changes, and contact with other service agencies. Detailed family logs are kept by project staff.

FEATURES AND PRODUCTS:

Project staff provide technical assistance to other community service providers on how to work with children and parents with special needs. The project supplies a comprehensive case management service which involves social service agencies, public health agencies, the court systems, medical professionals, local transportation and employment offices, and vocational rehabilitation.

Young Babies, Young Moms

A Training Program for Adolescent Mothers

ADDRESS: Cantalician Foundation, Inc.
3233 Main Street
Buffalo, New York 14214

PHONE: (716) 833-5353

YEAR OF FUNDING: 3

FISCAL AGENCY: Cantalician Foundation, Inc.

DIRECTOR: Sharon Lansing
COORDINATOR: Sister M. Lorita
OTHER STAFF TITLES: supervisor, teacher/trainer, data collector, nurse, physical therapist, occupational therapist, volunteers, play learning specialist

MAJOR GOAL OF PROJECT:

To promote infant development through enhancement of parent/infant interactions for teenage mothers and their babies.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 60 teenage mothers who are unfamiliar with child care community services; have an at-risk, handicapped, or developmentally or physically delayed infant birth to age 36 months; have a definite need to secure information about educational programs for their child; and are economically disadvantaged. The program also addresses the specific issues surrounding developmentally delayed or mentally retarded mothers.

PROGRAM FOR MOTHERS AND CHILDREN:

Classes meet three times weekly and cover topics in education, health care, psychosocial development, and family services. Classes continue for eight months, followed by home visits for three months. The curriculum is an expanded version of Infant Stimulation/Mother Training materials, which focus on child development and on improving the amount and quality of mother/infant interaction. The project also helps mothers develop home management, budgetary, and community adaptation skills. The Family Service component uses a curriculum adapted from the Cantalician Center for Learning's Specialized Family Program and the Infant and Toddler Learning Program. Toddlers can attend class three times weekly. A play learning specialist also works with mothers to carry over classroom learning to the home environment.

MEASURES OF CHILD PROGRESS:

Children are pretested using the Bayley Scales of Infant Development. Post-tests are administered biannually and at program exit. The Bzoch-League Receptive-Expressive Emergent Language Scale (REEL), Brigance Inventory of Early Development, and occupation-physical therapy evaluations also are used.

FEATURES AND PRODUCTS:

The project will produce for illiterate and developmentally delayed mothers an illustrated version of the curriculum, including a list of toys appropriate for specific developmental disabilities, and a "Baby Book" for recording health and immunization data, milestones in child development, and important phone numbers. To help others replicate the model, staff members are developing an implementation manual which will address the project's needs, timetables, resources, and networking efforts. The project also will produce a series of videotapes on child development for in-house use.

Special Friends and Computer Project

ADDRESS: Children's Center
4635 Union Road
Cheektowaga, New York 14225

PHONE: (716) 633-4448

YEAR OF FUNDING: 2

FISCAL AGENCY: United Cerebral Palsy Association of Western New York, Inc.

DIRECTOR: Susan Zippiroli
COORDINATOR: Susan Mistrett
OTHER STAFF TITLES: parent coordinator, staff trainer, data collector, model specialists, external evaluator

MAJOR GOAL OF PROJECT:

To develop an integration model which promotes social interaction and school survival skills; to promote use of the computer as a prosthetic tool in equalizing play skills between physically handicapped and nonhandicapped children; and to disseminate information on use of computer adaptives.

CHARACTERISTICS OF TARGET POPULATION:

The project serves approximately 24 motor- and language-impaired preschoolers age 3 to 5 years and their parents. Four groups are targeted: 1) severely physically handicapped children of normal intelligence who are nonvocal communicators; 2) severely physically handicapped children of normal intelligence who are vocal communicators; 3) communicating multihandicapped children who function intellectually 1.5 standard deviations or more below the mean of the general population; and 4) verbal learning disabled children who have mild physical handicaps.

PROGRAM FOR CHILDREN:

The project uses computer-based learning and play to develop communication, socialization, and school survival skills in the target group. Handicapped children are paired with nonhandicapped peers for daily, supervised computer work. Software used deals with pre-academic readiness skills, communication skills, and socialization and play/exploration. Computer hardware is modified to meet the needs of physically handicapped students.

MEASURES OF CHILD PROGRESS:

Children are pre- and post-tested on pre-academic readiness, communication and socialization skills. Preschool teachers evaluate targeted students' behavior in the classroom. Staff record response and social interactions, and skill development is gauged in terms of the number of correct responses. Videotapes of the interactions are also analyzed for program evaluation.

PROGRAM FOR PARENTS:

Parents training includes orientation to the project, exposure to software and hardware, introduction to play activities, discussion of follow-up activities, and information on the transition to public school programs.

FEATURES AND PRODUCTS:

The project will publish a description of computer play procedures, and a report on project effectiveness in maintaining and generalizing social/communication behaviors in handicapped children. Training tapes and manuals describing computer hardware and adapted peripherals, computer access assessment procedures, and skills training will be produced.

Project CHIME

Children Who Are Hearing Impaired in Mainstream Environments

ADDRESS: Harold D. Fayette School
1057 Merrick Avenue
Merrick, New York 11566

PHONE: (516) 486-7711

YEAR OF FUNDING: 3

FISCAL AGENCY: Board of Cooperative Educational Services (BOCES) of Nassau County

DIRECTOR: Georgene McKernan
COORDINATOR: James Elliott
OTHER STAFF TITLES: teacher trainer, psychologist, audiologist

MAJOR GOAL OF PROJECT:

To provide a comprehensive mainstreaming program for hearing-impaired infants and preschoolers; to train educational personnel in dealing with hearing-impaired children; and to train parents in language skills to be taught at home.

CHARACTERISTICS OF TARGET POPULATION:

The project serves six to eight hearing-impaired children age 2 to 5 years who attend the BOCES Program for the Hearing Impaired. Degree of hearing loss ranges from mild to profound.

PROGRAM FOR CHILDREN:

Children attend a mainstream program at a demonstration preschool site up to three mornings weekly. The remaining time is spent at the BOCES Hearing Impaired Preschool Program. Length of time for placement varies according to each child's individual education plan (IEP). The project-developed curriculum used in demonstration mainstream sites is an adaptation of traditional nursery school activities. Prototype preschool sites that will serve as demonstration centers include a regular nursery school, a day care center, a mother/child play group, and nursery schools affiliated with religious institutions.

MEASURES OF CHILD PROGRESS:

Baseline data is collected on all children. The project uses the following instruments annually: the Beery Developmental Test of Visual Motor Integration, Meadow Kendall Social-Emotional Assessment Inventory for Deaf Students, SKI*HI Language Development Scale, and the Learning Accomplishment Profile. Ongoing assessment of each child's progress is monitored through systematic observation and update of IEP objectives.

PROGRAM FOR PARENTS:

Activities center around training parents to teach their children communication skills at home. Parents of mainstreamed children attend monthly parent education classes. Parents of both handicapped and nonhandicapped children can attend workshops and orientation sessions pertaining to the mainstreaming of hearing-impaired children. Parents of handicapped children attend conferences about their children's IEPs and help gather data.

FEATURES AND PRODUCTS:

The project will provide ongoing training and support to teachers of mainstreamed hearing-impaired children in nursery schools and day care centers.

DEMONSTRATION 49

Inservice Training for Outreach Personnel Working with Migrant Parents and Infants

ADDRESS: State University of New York (SUNY)
112 Old Main Building
New Paltz, New York 12561

PHONE: (914) 257-2235

YEAR OF FUNDING: 1

FISCAL AGENCY: SUNY at New Paltz

DIRECTOR: Spencer Salend
OTHER STAFF TITLES: materials development and training specialist, outreach specialist, graduate assistants
TRAINEES: outreach workers with migrant families

MAJOR GOAL OF PROJECT

To train community outreach staff (including migrant tutors, census recruitment personnel, public health nurses, clinic staff, social workers, and WIC personnel) to work with migrant parents of infants, birth to age 2 years, and preschool handicapped children in the identification of handicapping conditions and the procurement of appropriate services.

TRAINING PROGRAM:

Over 100 outreach personnel in New York State will be trained to work with migrant families on identifying handicapping conditions in their infants and preschool children and obtaining the services for which they are entitled. The training will focus on how outreach staff can help migrant parents to 1) recognize handicapping conditions in their infants and preschool children, 2) identify services their children are eligible for, 3) know their rights and responsibilities, and 4) work with their child to develop physical, emotional and cognitive skills. Outreach workers will work with the migrant families in their homes or camps. During the initial year an estimated 300 unserved infants and preschool handicapped children from migrant families in New York State will be identified and provided services.

EVALUATION:

Evaluation design follows the Discrepancy Evaluation Model. The impact of the project model on outreach personnel receiving the inservice training will be addressed in the evaluation of the workshops and training materials. The project will use goal attainment scaling to document these changes. Child change and parental change data will be collected by periodically observing migrant handicapped infants and preschoolers and their parents, as well as through frequent administration of assessment instruments.

DISSEMINATION:

Training materials developed will include manuals, videotapes, and activities. Materials will be both visual and auditory and not dependent upon reading capabilities. Where feasible, television will be utilized for delivery of information. The completed model will be disseminated on request to the fifty state directors of migrant education, and to local agencies serving migrant infants and preschoolers.

TIPS

Television Instruction for Parent Support

ADDRESS: Young Adult Institute, Inc.
460 West 34th Street
New York, New York 10001

PHONE: (212) 563-7474

YEAR OF FUNDING: 3

FISCAL AGENCY: Young Adult Institute, Inc.

EXECUTIVE DIRECTOR: Joel M. Levy
PROJECT DIRECTOR: Jordana Zeger
COORDINATOR: Maureen Lynch
OTHER STAFF TITLES: administrative assistant, bilingual translator

MAJOR GOAL OF PROJECT:

To develop and disseminate a comprehensive parent training system of videotapes to provide support and information to parents of infants and preschoolers with developmental disabilities and to professionals who work with these families.

CHARACTERISTICS OF TARGET POPULATION:

The project will reach about 500 mentally retarded infants and young children, their parents, and other family members who reside in the New York metropolitan area and Westchester County.

PROGRAM:

Through a project-developed weekly television series, families receive training, counseling, crisis intervention, life planning, information and referral services, and other support services essential to the maintenance of a handicapped child in the community. By providing a cost-effective, comprehensive, coordinated network of support in the most accessible place -- the home -- the project expects to help avert unnecessary family dissolution and institutional placement of disabled children. A hotline staffed by trained individuals guides parents to appropriate resources. The series will be translated into Spanish and simulcast via radio.

FEATURES AND PRODUCTS:

Thirty-six 30-minute parent training tapes, with accompanying training guide, are being developed and will be made available to viewers. The tapes are broadcast on local television stations or used in parent training sessions, and cover such content areas as diagnosis, siblings, stress and coping, and transition issues. A brochure describing the TIPS television series is distributed throughout the target area and especially to families from low-income, high-risk, and minority groups. Twenty-six 30-minute videotapes with accompanying training guide will be produced and made available to agencies upon request.

DEMONSTRATION 51

Charlotte Circle Project

ADDRESS: Department of Curriculum and Instruction
University of North Carolina
Charlotte, North Carolina 28223

PHONE: (704) 547-4499
547-4500

YEAR OF FUNDING: 2

FISCAL AGENCY: University of North Carolina at Charlotte

DIRECTOR: Mary Lynne Calhoun
COORDINATOR: Terry Rose
OTHER STAFF TITLES: special education teachers, developmental therapist, secretary, graduate assistants

MAJOR GOAL OF PROJECT:

To enhance the relationship between parents and their handicapped child by increasing the child's responsiveness, reducing the frequency of stressful behaviors, promoting acquisition of developmental skills, and providing respite care; and to develop a curriculum that can be used with young severely handicapped children in a variety of settings.

CHARACTERISTICS OF TARGET POPULATION:

The program serves ten children birth to age 3 years who reside in Mecklenburg County and are severely or profoundly handicapped.

PROGRAM FOR CHILDREN AND FAMILIES:

The project is housed at St. Mark's Center, a developmental day program for persons with severe handicaps. Each child spends three to five days per week in the center-based program and participates in monthly home visits. Center-based activities include massage; music; tactile, visual, and auditory stimulation; vocal play; occupational and physical therapy; oral stimulation; therapeutic feeding; language stimulation; and reduction of identified interfering behaviors. During the home visit, staff members observe parents conducting specified activities, demonstrate the program to other family members, and help solve problems regarding daily life with a handicapped child. Parents receive center-based parent/child education, a parent support group, and respite time while the child is in the center-based program. Parents are invited to parent/child days at the center.

MEASURES OF CHILD AND FAMILY PROGRESS:

Child progress is evaluated by pre- and post-test data on norm-referenced and criterion-referenced instruments, including the Developmental Activities Screening Inventory II and Carolina Curriculum for Handicapped Infants Assessment Log. Evaluation of social reciprocity between child and parent is based on observational data collected through questionnaires, direct observation, and videotapes. Project staff are developing a social reciprocity checklist to evaluate parent/child progress.

FEATURES AND PRODUCTS:

The project is a collaborative effort between UNC-Charlotte and St. Mark's Center. Strategies for interagency cooperation will be developed and shared. The project also will develop a Social Reciprocity Curriculum for very young, severely handicapped children and their families that can be used in a variety of service delivery models. Working papers on the project's service delivery model and curriculum are available.

HAPPEN

Helping Agencies Promote Parent Empowerment through Networking

ADDRESS: Infant and Preschool Program
Western Carolina Center
300 Enola Road
Morganton, North Carolina 28655

PHONE: (704) 433-2661

YEAR OF FUNDING: 2

FISCAL AGENCY: Appalachian State University

DIRECTOR: Carolyn Cooper
COORDINATOR: Janet C. Weeldreyer
OTHER STAFF TITLES: education consultants, project evaluator, clerk-typist

MAJOR GOAL OF PROJECT:

To develop, implement and evaluate an Empowerment Process for families with special needs children that allows families to identify their needs and the resources available within their communities, explore options for action, prioritize and implement the best options, evaluate their actions, and develop support networks within their community.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 20 to 25 families of handicapped or at-risk children, birth to age 8 years, who reside in a four-county rural area and require assistance in the networking of services among different agencies. Half of these families are economically disadvantaged. Priority is given to minority or underserved children.

PROGRAM FOR FAMILIES:

The project mediates linkages between families and service providers and between families and informal support networks. All ecological units (siblings, relatives, friends, church members, community members) are included as resources that bear on the child's well-being. Children and families are assisted in the transition from regional hospital care back to their home communities, and from preschool services to the public schools. The project offers advocacy training, ancillary support (physical, emotional, etc.), communication training, and other services and activities that enhance the parent's ability to ensure the child's needs will be met. The project also offers workshops for siblings. Parents serve on the project's advisory council and help to evaluate the program.

MEASURES OF CHILD AND FAMILY PROGRESS:

Child progress and development are assessed quarterly, using the Bayley Scales of Infant Development, Stanford-Binet Intelligence Scale, Uzgiris-Hunt Ordinal Scales of Psychological Development, Learning Accomplishment Profile, Early Learning Accomplishment Profile, Griffith's Mental Development Scale, Vineland Social Maturity Scale, and Brigance Inventory of Early Development. A developmental checklist is administered by the parent every six months.

FEATURES AND PRODUCTS:

The project's Empowerment Process promotes families' sense of competence in identifying an meeting their needs with varying levels of support and assistance from project staff. Exemplary aspects of the project will be packaged. A project brochure and poster, copies of project-developed instruments, and a quarterly newsletter are available. A manual on disability awareness for elementary school teachers will be completed during 1987.

Family Infant Project

ADDRESS: Children's Hospital Medical Center
281 Locust Street
Akron, Ohio 44308

PHONE: (216) 923-4535

YEAR OF FUNDING: 1

FISCAL AGENCY: Children's Hospital Medical Center

DIRECTOR: Philippa Campbell

OTHER STAFF TITLES: clinic coordinator, intervention facilitator, developmental psychologist, secretary evaluation/programming consultant, graduate assistant

MAJOR GOAL OF PROJECT:

To develop a "preventive intervention approach" to service delivery which emphasizes "wellness" and focuses on remediation in the context of family-infant interaction.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 20 infants, birth to age 24 months, and their families. Children are at significant risk for severe or multiple handicaps. Referrals come from the neonatal intensive care unit (NICU) and emphasize minority and underrepresented groups.

PROGRAM FOR CHILDREN AND FAMILIES:

Activities provided for parents and infants will be integrated with the Neonatal Follow-Up Clinic in order to reduce family stress levels and provide comprehensive management of the child's medical and programming needs. Families and infants will be scheduled for clinic visits at six weeks and four months after discharge from NICU, and at regular intervals thereafter. Weekly mother-infant group sessions focus on developing healthy interactions and teaching mothers to recognize infant cues. These sessions suggest activities which can be implemented in typical caregiving routines to foster development of communicative, cognitive, motor, and social affective skills. Fathers and infants participate in monthly Saturday-morning interaction groups. Specialized and remedial methods, which may later be taught to parents, will be incorporated into all activities in these group sessions. Coordination with public school programs, community-based day care, nursery/preschool, and other similar programs is provided to facilitate transition at age 24 months or earlier.

MEASURES OF CHILD PROGRESS:

Three standard infant assessment instruments will be used: the Kent Infant Development (KID) Scale (administered to parents), the Denver Developmental Screening Test, and the Bayley Scales of Infant Development. Other methods of evaluation include family self-report questionnaires, medical examinations, and observation of parent-infant interaction.

FEATURES AND PRODUCTS:

The project has developed a family self-report questionnaire. Dissemination efforts will include awareness activities, professional training, and technical assistance.

Project ACCESS

ADDRESS: Cincinnati Center for Developmental Disorders
Elland and Bethesda Avenues
Cincinnati, Ohio 45229

PHONE; (513) 559-4321

YEAR OF FUNDING: 3

FISCAL AGENCY: Cincinnati Center for Developmental Disorders

DIRECTOR: H. Jane Sites
OTHER STAFF TITLES: liaison special educator, communication specialist, secretary, consultants

MAJOR GOAL OF PROJECT:

To develop an interdisciplinary educational intervention program to identify abused and neglected children who are developmentally disabled/learning impaired; to develop remedial, individual education plans for these children; to provide access to educational placements to meet individual developmental needs; and to promote interagency collaboration.

CHARACTERISTICS OF TARGET POPULATION:

The project serves abused and neglected children age 2 to 5 years who are suspected of having developmental disabilities. Each year staff screen 250 children; 100 to 150 children receive in-depth evaluations through local resources. Children with complicated developmental disabilities receive comprehensive, longitudinal, multidisciplinary evaluation through referrals to the Cincinnati Center for Developmental Disorders and local resources.

PROGRAM FOR CHILDREN:

Most of the children are referred to appropriate community programs. Twenty-four children attend the Diagnostic Preschool where they are evaluated by a multidisciplinary team and receive language therapy and additional therapy as needed. The team reviews diagnostic status and trial treatment results biweekly. Findings are shared with the child welfare agency and parents or foster parents. Staff members visit the child's community placement for consultation and assessment of progress.

MEASURES OF CHILD PROGRESS:

The staff screen children with the Battelle Developmental Inventory. Children suspected of developmental delays are evaluated with psychoeducational, language, social-adaptive, and psychological measures such as the Preschool Language Scale, Sequenced Inventory of Communication Development, Brigance Inventory of Early Development, and Stanford-Binet Intelligence Scale. Pediatric, occupational/physical therapy, nursing, and other evaluations are available as needed.

PROGRAM FOR PARENTS:

During their child's enrollment in the Diagnostic Preschool, parents are offered individual or group social work treatment and behavior management counseling. All parents are counseled on the findings of developmental evaluations and on educational due process and placement procedures.

FEATURES AND PRODUCTS:

The project offers local teachers and therapists inservice training on methods and objectives of the intervention program.

Therapeutic Liaison Consultant (TLC) Project

ADDRESS: Cincinnati Center for Developmental Disorders
Elland and Bethesda Avenues
Cincinnati, Ohio 45229

PHONE: (513) 559-8383

YEAR OF FUNDING: 1

FISCAL AGENCY: Cincinnati Center for Developmental Disorders

DIRECTOR: Jane Sites
COORDINATOR: Charmaine Kessinger
OTHER STAFF TITLES: therapeutic liaison consultant, secretary, psychology/behavior management specialist, psychiatrist, social worker

MAJOR GOAL OF PROJECT:

To develop an interagency early childhood service program model to promote educational and therapeutic treatment for handicapped, abused, and neglected children in least restrictive, mainstreamed preschool and child care settings; and to improve transdisciplinary competencies and collaborative efforts of early childhood educators, parents/foster parents, and caseworkers.

CHARACTERISTICS OF TARGET POPULATION:

During the first year, the project will serve handicapped, abused, and neglected children, age 3 to 5 years, exhibiting or at risk for developmental and behavioral disorders.

PROGRAM FOR CHILDREN:

Children are referred to the Therapeutic Liaison Consultant (TLC) Program from other agencies and are matched to an appropriate treatment slot (intensive, direct center-based intervention, or consultation-only in community programs). The direct service portion provides direct intervention activities at a mainstreamed Head Start Center four days a week over a five-month period. The TLC team will hold weekly meetings and review audiovisual tapes of the child's interaction and functioning in the classroom environment. At the end of the treatment period, children and parents may be referred to other programs for further treatment. The consultation-only option provides liaison consultant services on implementing the child's treatment plan with the placement agency (generally a less restrictive, mainstreamed Head Start on early childhood agency).

MEASURES OF CHILD PROGRESS:

The project will administer a 60-day follow-up questionnaire regarding the child's progress, family, and home environment; conduct classroom visitation/observation; and administer the Child Behavior Checklist.

PROGRAM FOR PARENTS:

Parent counseling and training in behavior management will take place biweekly in the home or at the center. Changes in parental attitudes and competencies will be assessed using a Likert Scale.

FEATURES AND PRODUCTS:

Both the TLC direct service and consultation-only service models will provide training in transagency team work to educators and other professionals.

Remediating Social Deficits in Peer Interactions

ADDRESS: The Nisonger Center
Ohio State University
1581 Dodd Drive
Columbus, Ohio 43210

PHONE: (614) 292-2911

YEAR OF FUNDING: 3

FISCAL AGENCY: The Ohio State University

DIRECTOR: Steven J. Beck
COORDINATOR: Deborah C. Cochran
OTHER STAFF TITLES: research/intervention specialists

MAJOR GOAL OF PROJECT:

To develop an intervention model and a corresponding assessment/curriculum package designed to enhance the peer interaction skills of developmentally delayed preschoolers.

CHARACTERISTICS OF TARGET POPULATION:

The project provides services to approximately 24 developmentally delayed children, age 3 to 5 years, and six teaching staff. Children are enrolled in existing community programs, and are selected for small group intervention based on classroom observations, teacher assessment, and parent interviews.

PROGRAM FOR CHILDREN:

The Peer Interaction Assessment (PIA) is used to assess peer interactions of children in each target classroom. The PIA is divided into eight areas: 1) Peer Orientation, 2) Initiation, 3) Response, 4) Maintenance, 5) Conflict Resolution, 6) Social Perceptions, 7) Behavior Problems, and 8) Social Environmental Factors. Teachers concurrently use a set of environmental guidelines, covering the areas of spatial arrangement, materials, equipment and management, and scheduling, to evaluate their classroom and make any modifications necessary to create an optimal environment for facilitating peer social interactions. Intervention takes place on two levels. Level One is a group intervention program in which the children are place in small groups of two or three children of which at least one child is developmentally delayed and one is nonhandicapped. Level Two provides either dyadic or small group intervention focused on the peer interaction deficits of a target child.

MEASURES OF CHILD PROGRESS:

Child progress is measured by direct observation and ratings of accomplishment of specific goals identified through the assessment procedure. Indices of generalization and maintenance of acquired skills are evaluated periodically.

FEATURES AND PRODUCTS:

An assessment and intervention curriculum for peer interaction skills and intervention strategies will be developed for use in early intervention programs. The project also provides technical assistance to staff in community settings.

Equals in Partnership

ADDRESS: Kent State University
College of Education
412 White Hall
Kent, Ohio 44242

PHONE: (216) 672-2928

YEAR OF FUNDING: 1

FISCAL AGENCY: Kent State University & Children's Hospital Medical Center of Akron

DIRECTORS: Caven S. McLoughlin and Paul T. Rogers
OTHER STAFF TITLES: workshop and practicum coordinator, evaluation consultant, director of ambulatory services
TRAINEES: senior level medical students, pediatric medical residents, parents, nurses, physicians

MAJOR GOAL OF PROJECT:

To provide a variety of training experiences for families and multiple discipline personnel to enable families and professionals to work as partners; to develop expertise in care and management of infants with handicaps; and to develop coordination and communication skills.

TRAINING PROGRAM:

A multi-level, five-component approach will be used to provide comprehensive and varied inservice training experiences for families and multiple discipline personnel. Components include 1) education for senior level medical students; 2) education for pediatric medical residents; 3) hands-on training workshops for parents, related services personnel, nurses, and physicians (with related elective coursework); 4) inservice workshops for physicians, nurses, and related services personnel; and 5) an interdisciplinary conference focusing on care and programming for newborns and infants.

EVALUATION:

The project will evaluate each component of the inservice program using self-learning assessments, measures of participant satisfaction, and direct observations of participant performance, as appropriate. The extent to which project goals and activities are accomplished will be monitored and reported. An outside third-party evaluator/consultant will be used to review project activities and evaluation data annually and to provide a written evaluation with recommendations for project modifications.

DISSEMINATION:

Dissemination will encompass two major functions: (a) advertisement of the project training program and recruitment of family and professional participants; and (b) informing the local and national communities about project activities, outcomes, and effects. The major vehicle for program advertisement and recruitment will be a series of brochures outlining each component of the inservice training program. General dissemination will be accomplished through preparation of written publications and conference presentations targeted to the medical community, interdisciplinary professional groups, and families.

Inservice Training for Professionals, Paraprofessionals, and Caregivers Working with At-Risk Infants and Families

ADDRESS: Center on Human Development
901 East 18th Avenue
University of Oregon
Eugene, Oregon 97403

PHONE: (503) 686-3568

YEAR OF FUNDING: 1

FISCAL AGENCY: Center on Human Development

DIRECTOR: Diane Bricker
COORDINATORS: Kristine Slentz and Barbara Walker
OTHER STAFF TITLES: developmental specialist, family counseling specialist, infant-toddler interventionist, project liaison
TRAINEES: professionals, paraprofessional, caregivers

MAJOR GOAL OF PROJECT:

To improve services for infants birth to age 2 years who are at-risk or mildly handicapped, by (a) indentifying regional needs throughout the state; (b) developing a set of inservice training materials; (c) providing statewide inservice training conference and workshops for professionals and paraprofessionals; and (d) disseminating inservice training materials.

TRAINING PROGRAM:

The training program is designed to develop skills and knowledge of professionals working with at-risk and mildly handicapped infants and toddlers. Training will address needs of infants/toddlers and their family units; identification and assessment strategies for infants and families; intervention approaches with infants/toddlers and families; support strategies; and interdisciplinary planning and coordination. For the training conference, the project will work with such agencies as the State Department of Education, State Mental Health Division, Head Start Resource Access Project, and Oregon State Plan Grant to bring in national speakers. The systems approach to working with families of disabled children will be used to conceptualize and plan intervention, with the recognition that training is most beneficial when a variety of learning strategies and formats are utilized.

EVALUATION:

The Training Evaluation Kit, developed at the University of Oregon's Research and Training Center in Mental Retardation, will provide both summative and formative evaluation data. These data will allow project staff to assess regional needs, select and describe participants for each workshop, modify training content and format based on participant feedback, and evaluate long term training outcomes. Dissemination of inservice training materials will be documented by the number of states and types of organizations or agencies requesting materials, and the specific training modules requested.

DISSEMINATION:

Dissemination involves five strategies: 1) presentation of papers at national and state professional meetings; 2) written products, such as journal articles, chapters, and project papers; 3) on-site visits to the project; 4) engaging prospective users in a problem-solving process to select the most appropriate training modules and to assist in their implementation; and 5) use of a network of program developers and the state early intervention councils to publicize the training materials.

Model Early Intervention Program to Develop a Linked Evaluation-Programming System

ADDRESS: Center on Human Development
University of Oregon
901 East 18th Avenue
Eugene, Oregon 97403

PHONE: (503) 686-3568

YEAR OF FUNDING: 3

FISCAL AGENCY: University of Oregon

DIRECTOR: Diane Bricker
COORDINATOR: Kris Slentz
OTHER STAFF TITLES: teacher, parent specialist, teacher aide, evaluator, secretary

MAJOR GOAL OF PROJECT:

To provide early intervention services to handicapped infants and young children and their families; and to develop a comprehensive evaluation and programming system which directly links assessment and evaluation to instructional programming.

CHARACTERISTICS OF TARGET POPULATION:

The project serves handicapped infants and young children birth to age 36 months. Each of two center-based classrooms enrolls ten to 13 handicapped children and four to five nonhandicapped children. Three weekly baby groups each enroll nine to 12 handicapped, at-risk, and nonhandicapped infants. The handicapped infants and children demonstrate a range of impairments (mild to severe) and a variety of etiologies. The nonhandicapped infants and children are at risk for medical reasons (by virtue of placement in a newborn intensive care unit) or for environmental reasons (as identified by a county welfare agency), or are siblings of participating handicapped infants and children.

PROGRAM FOR CHILDREN:

Children are served in two center-based classrooms, one operating for three hours, three days weekly, and the other for two hours, two days weekly. Infants are served in weekly baby groups at the center which include their caregivers. The curriculum is based upon a behavioral-developmental philosophical orientation; an activity-based approach to instruction; and a strong linkage between assessment, intervention, and evaluation.

MEASURES OF PROGRESS:

The Bayley Scales of Infant Developed are used to measure child progress. The Evaluation and Programming System for Infants and Young Children is the program relevant assessment/evaluation tool. A Parent Survey, a Parent Self-Appraisal Inventory, a Weekly Parent Involvement Activity Log, and a Parent-Satisfaction Questionnaire are used to measure impact on families.

PROGRAM FOR PARENTS:

Flexible family involvement is emphasized, and participation is encouraged in the development of the individual education plan (IEP), in individual family involvement plans, and in the classroom. Family support activities and training at home are available.

FEATURES AND PRODUCTS:

A comprehensive assessment-evaluation system is linked directly to the child's IEP and subsequent instructional programming.

Liaison Infant Family Team (LIFT) Project

ADDRESS: Temple University
Special Education Programs
Philadelphia, Pennsylvania 19122
or
Bryn Mawr Hospital
Women's Building
Bryn Mawr, Pennsylvania 19010

PHONE: (215) 787-6018

PHONE: (215) 896-4252
896-3836

FISCAL AGENCY: Temple University

YEAR OF FUNDING: 1

DIRECTOR: S. Kenneth Thurman
TEAM COORDINATOR: Ksenia Zukowsky
OTHER STAFF TITLES: family coordinator, infant coordinator, liaison coordinator, secretary, consultants

MAJOR GOAL OF PROJECT:

To develop a team service delivery model, based on an ecological systems approach, aimed at infants and families served by Neonatal Intensive Care Units (NICU).

CHARACTERISTICS OF TARGET POPULATION:

The project serves NICU infants and their families. The infants are preterm and medically fragile, and may display any of the following: significant birth defects, conditions that may lead to developmental delays, or symptoms of Fetal Alcohol Syndrome or drug dependency. The number of families served varies according to client needs and staff availability.

PROGRAM FOR FAMILIES:

The Liaison Infant Family Team helps the family adjust to the birth of a disabled infant, establishes an appropriate service milieu for the infant and family, and facilitates transition to community services. Services for infants and families begin with the infant's arrival at the NICU. Following behavioral and developmental assessments, individualized intervention plans and goals are developed. Family functioning is assessed, and project staff develop an individualized family plan based on assessed needs. Families may receive support and training in intervention, child development, and advocacy. Project staff also develop a plan to facilitate transition to community-based early intervention programs and services if needed. Services continue until family enrollment in community programs or until it is determined that family and infant can function without significant professional support.

MEASURES OF CHILD AND FAMILY PROGRESS:

Infant assessment combines medical data from the NICU and developmental assessments made after the infant's medical status improves. Infant development is assessed using such measures as the Bayley Scales of Infant Development, the Battelle Developmental Inventory, the Uzgiris-Hunt Ordinal Scales, and informal observational assessments. The effectiveness of intervention is monitored. Ongoing family adaptation is monitored using FACES II.

FEATURES AND PRODUCTS:

Materials, methods, and procedures used in the LIFT project will be shared with community-based agencies and programs. The project also will develop and implement a training program to help NICU staff apply an ecological systems approach to serving families.

DEMONSTRATION 61

Project STEP-UP

Survival Skills Training for Educational Placement in Least Restrictive Environments

ADDRESS: ARC of Allegheny County
1001 Brighton Road
Pittsburgh, Pennsylvania 15233

PHONE: (412) 322-6008

YEAR OF FUNDING: 1

FISCAL AGENCY: Association for Retarded Citizens, Inc., of Allegheny County

DIRECTOR: Joanne E. Cohen
COORDINATOR: Rose M. Cipollone
OTHER STAFF TITLES: head teacher, associate teacher, speech therapist, physical therapist, secretary

MAJOR GOAL OF PROJECT:

To provide an integrated classroom within existing community day care with individualized and group training in academic and social survival skills needed for success in regular school-age placements; and to facilitate the effective transition into the least restrictive school age environment.

CHARACTERISTICS OF TARGET POPULATION:

The project serves children age 4 years who are in their last year of early intervention and are developmentally delayed or functioning within the mild to moderate range of mental retardation.

PROGRAM FOR CHILDREN:

During the year before they are eligible to enter public school-age programs, children receive individualized and group training in academic and social/survival skills in a fully integrated preschool classroom. Progress reports are provided to the receiving school and serve as an ongoing update for parents. Transition and placement decisions are based on the child's level of functioning in critical skills areas, the support services available, parent input, and the expectations of the potential school-age placement. Follow-up visits and coordination of support services are provided.

MEASURES OF CHILD PROGRESS:

Children are assessed initially using the Brigance Inventory of Early Development and the Inventory of Basic Skills. Acquisition of social skills is assessed at mid-year and at the end of the program using the Classroom Survival Skills Checklist and the California Preschool Social Competency Scale. Child progress is documented in both written and video reports.

PROGRAM FOR PARENTS:

Monthly evening meetings for parents focus on identifying their child's strengths and weaknesses, advocacy, social skills at home, behavior management, and other topics identified by a parent needs assessment. Simultaneous group sessions are provided for siblings. The project works with families to coordinate a total health assessment for their child and any evening, weekend, or summer recreation activities.

FEATURES AND PRODUCTS:

The project features an 11-hour day care schedule so parents' employment or education is not interrupted. The project plans to develop a social/survival skills curriculum for preschool children who are developmentally delayed or mildly to moderately mentally retarded. The associate teacher will be trained to head the replication site at the end of the third year.

Model Early Intervention Program for Multiply Handicapped Infants

ADDRESS: Medical University of South Carolina
Department of Pediatrics
171 Ashley Avenue
Charleston, South Carolina 29425

PHONE: (803) 792-3051

YEAR OF FUNDING: 1

FISCAL AGENCY: University of South Carolina

DIRECTOR: Conway F. Saylor
COORDINATORS: Abner Levkoff and Judy Pope
OTHER STAFF TITLES: physical therapist, evaluation assistant, home visitor, secretary, consultant

MAJOR GOAL OF PROJECT:

To promote infant development through enhancement of parent-infant interaction and parents' use of structured infant stimulation curriculum; and to coordinate medical, educational, and community services for these families.

CHARACTERISTICS OF TARGET POPULATION:

The program will serve 20-30 multiply handicapped infants birth to age 2 years and their families each year. The program targets low birthweight infants from the Neonatal Intensive Care Unit (NICU) who have intraventricular hemorrhage, severe visual impairment (VI), or both.

PROGRAM FOR CHILDREN AND FAMILIES:

The project's home-based, parent-delivered intervention program spans a two-year period beginning when the child is 3 months adjusted age. Contact with the family is initiated in the NICU and maintained by phone until intervention begins. Phase I consists of weekly visits by a physical therapist and/or VI specialist to instruct parents in individually structured interventions focusing on motor skills. Between visits parents carry out daily 20-minute play activities/exercises with the infant and keep written records of these sessions. Phase II, which begins when the infant reaches 12 months adjusted age, includes cognitive, language, and social development. Home visits and center-based group sessions are offered on alternate weeks. Curricula are selected from the Learning Accomplishment Profile, the Curriculum and Monitoring System (CAMS), the Insight Model, the Oregon Project for Visually Impaired and Blind Preschool Children, and others. Some parent-infant interactions are videotaped and used as teaching tools to provide feedback to parents.

MEASURES OF CHILD PROGRESS:

Infant motor development is measured using the Battelle Developmental Inventory. Parent teaching skills and satisfaction are assessed, as well as parent/infant interaction.

FEATURES AND PRODUCTS:

A program of supervision, training, and evaluation of new skills will be implemented for those staff members (home visitors, physical therapists, etc.) who provide direct services to families. and monthly inservice training is available to all staff. Parents, state legislators, and representative of state agencies comprise the project's advisory council.

ETIPS

Educational Television Intervention Program for Handicapped Infants, Toddlers and Families in Rural Communities

ADDRESS: Department of Curriculum and Instruction
Tennessee Technological University
Box 5074
Cookeville, Tennessee 38505

PHONE: (615) 372-3531

YEAR OF FUNDING: 3

FISCAL AGENCY: Tennessee Technological University

CO-DIRECTORS: Rhonda Folio and Dean Richey
COORDINATOR: Filomena Walker
OTHER STAFF TITLES: evaluation specialist, secretary, model parent group, TV producer/director

MAJOR GOAL OF PROJECT:

To develop a video series on early skills, with associated Parent Guides, for service providers and families in isolated rural locales; and to utilize public television as the vehicle for delivery of a supplemental home-based intervention model.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 25 children age 6 to 24 months and their parents or caregivers who live in rural, isolated areas. Twenty of the children are handicapped; five are at-risk.

PROGRAM:

The project is developing, testing, implementing, and evaluating 30 15-minute instructional television program to help parents and other adults identify, facilitate, and monitor the progress of their handicapped infants and toddlers. The program series, "Stepping Stones: Pathways to Early Development," focuses on a broad spectrum of early skills, using several existing assessment/intervention instruments as one basis for the program content. The instructional program is designed to supplement home-based intervention. Parent packets and guides accompany each broadcast.

Children served by the project were assessed at entry and an individual education plan was developed for each child, based on assessment data. Project staff contact families regularly and observe parent/child interactions in the home. Parent groups meet monthly to provide support and motivation.

MEASURES OF CHILD AND FAMILY PROGRESS:

Children have been assessed using the Peabody Developmental Motor Scales and Activity Cards, the Uzgiris-Hunt Ordinal Scales of Psychological Development, and the Portage Guide to Early Education. Assessment data serves as a baseline for evaluating child progress. A reassessment at the end of the first phase indicated positive changes in children's abilities. Parents document their own progress by using check sheets which accompany each instructional program broadcast.

FEATURES AND PRODUCTS:

The instructional program is being tested and evaluated by two groups: the 25 families enrolled in the project, and seven service programs around the state, representing center- and home-based programs, rural and urban settings, and programs directed to teenage parents and high school students. All project resources will be revised and disseminated.

Southern Appalachian Early Intervention Program

ADDRESS:	P.O. Box 15520A East Tennessee State University Johnson City, Tennessee 37614	PHONE:	(615) 929-5849 929-5615
		YEAR OF FUNDING:	2
FISCAL AGENCY:	East Tennessee State University		

DIRECTOR: Wesley Brown
COORDINATOR: Linda Keller
OTHER STAFF TITLES: educational facilitator, speech and language facilitator, coordinator of parent education, medical coordinator, motor development specialist

MAJOR GOAL OF PROJECT:

To provide comprehensive assessment and intervention services for moderately to severely handicapped young children and their families, focusing on medical linkages, transdisciplinary assessment, rural service delivery, and transition to public school services.

CHARACTERISTICS OF TARGET POPULATION:

The project serves moderately to severely handicapped children birth to age 3 years who reside in suburban and rural counties of northeast Tennessee.

PROGRAM FOR CHILDREN:

The project provides educational services at the neonatal intensive care unit, at the on-campus center, or at the rural contact centers. After the child's needs are assessed, parents and project staff form an Individual Development Plan which includes center- and home-based activities. Each child is assigned a project facilitator who coordinates and monitors services received from the transdisciplinary team. Curricula used in the center-based program include the Program Guide for Infants and Toddlers with Neuromotor and Other Developmental Disabilities, the Behavioral Repertoire for Handicapped Infants, and Developmental Programming for Infants and Young Children. Home-based activities focus on stimulation, movement, pre-speech, and sensory/motor activities. Project staff model activities for parents to carry out at home.

MEASURES OF CHILD PROGRESS:

Children are assessed quarterly to monitor their progress toward cognitive, motor, social, communication, and self-help skill goals.

PROGRAM FOR PARENTS:

Parents participate in assessment, in development of the intervention plan, and in day-to-day implementation of recommended therapeutic interventions. The project offers three levels of parent training. The first level provides support for bridging the child's entry into the program. The second level focuses on techniques and activities which the parent should employ at home. The third level deals with parenting techniques. The project also organizes parent support groups, and includes parents on the advisory council.

FEATURES AND PRODUCTS:

The project will compile a computerized data base of local services which can be accessed to determine the most appropriate placement for children. The project puts out a slide/tape program and publishes brochures for parents.

Preschool Orientation and Mobility Project

ADDRESS:	George Peabody College, Box 328 Vanderbilt University Nashville, Tennessee 37203	PHONE:	(615) 322-8182
		YEAR OF FUNDING:	3

FISCAL AGENCY: Vanderbilt University

PRINCIPAL INVESTIGATOR: Everett W. Hill
OTHER STAFF TITLES: preschool teacher, orientation and mobility (O&M) specialist

MAJOR GOAL OF PROJECT:

To develop a direct service program that integrates the teaching of orientation and mobility skills within the context of early childhood services; and to develop a curriculum to facilitate the delivery of those services by orientation and mobility specialists.

CHARACTERISTICS OF TARGET POPULATION:

The project serves visually impaired and/or handicapped children birth to age 5 years and their parents. Visual impairment is difficult to ascertain in extremely young children. Therefore, the project also serves children suspected of having severe visual problems.

PROGRAM FOR CHILDREN:

The project identifies and integrates orientation and mobility (O&M) skills with early intervention services. The curriculum covers developmental areas of cognition, language, motor skills, socialization, and self-help, with an emphasis on the development and integration of age-appropriate O&M skills (movement, posture, concept of space, and perceptual motor functioning). A four-day classroom program is provided for children age 2 to 5 years, home-based parent training is available. Each parent and child receives a weekly home visit of one and one-half hours. Group experiences are provided twice monthly. The project also operates a monthly Resource Center Clinic, which provides assessment and parent consultation services for visually impaired preschoolers, their families, and teachers.

MEASURES OF CHILD PROGRESS:

Each child receives a functional vision assessment and a comprehensive initial assessment using standardized instruments and developmental inventories. Children will receive both a developmental and an O&M assessment to determine specific needs.

PROGRAM FOR PARENTS:

Parents develop their own parent education plan (PEP). Based on the PEPs, project staff plan individual and group parent training sessions, facilitate the development of parent support groups, and help parents obtain ancillary support services.

FEATURES AND PRODUCTS:

The project will develop an O&M curriculum, assessment strategies, and parent education procedures. The project also will determine the feasibility of using technology (electronic mobility devices and microcomputers) to supplement intervention.

Extended Clinical Services Project

ADDRESS: Texas Tech University Health
Sciences Center
1400 Wallace Boulevard
Amarillo, Texas 79106

PHONE: (806) 354-5536
354-5521

YEAR OF FUNDING: 1

FISCAL AGENCY: Region XVI Education Service Center and Texas Tech University Health Sciences Center

DIRECTORS: Denise Billage and Mary Slater
COORDINATOR: Jacque Meyer-Kennedy
OTHER STAFF TITLES: nurse clinicians, educators, developmental therapist, critical care pediatricians, neonatologists

MAJOR GOAL OF PROJECT:

To provide a model of coordinated medical and educational services through a functional curriculum encompassing hospital-based care procedures and parent-child interactions.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 20 infants in the Neonatal Intensive Care Unit who are at risk due to premature birth, and 20 children, birth to age 5 years, from Pediatric Intensive Care who are at risk due to severe head trauma.

PROGRAM FOR CHILDREN AND FAMILIES:

An individual educational/medical plan is developed for each child based on medical and behavioral assessments. The curriculum is implemented by primary caregivers during daily activities. Hospital intervention, provided by the nurse, focuses on clustering of care, positioning, enhancement of quiet state, and proper handling. As the child's condition stabilizes, the focus shifts to visual and auditory attending, coordinated movement, reduction of distress, and social-emotional development. Home intervention focuses on parent observation of and responsiveness to the child's cues, emphasizing language and higher cognitive processes (which are primary risk areas in medically fragile children). The project provides support to the family while the child is critically ill, and models appropriate interactions. Home visits and follow-up are provided as needed. Group discussion and opportunities for videotaping mother-child interactions for analysis are provided biweekly.

MEASURES OF CHILD PROGRESS:

Children are screened using the revised Developmental Screening Inventory. Medical assessment may include the Dubowitz Scale of Conceptual Age, Brazelton Neonatal Behavioral Assessment Scale, Assessment of Preterm Infant Behavior, or Glasgow Coma Scale. Behavioral assessments focus on approach/avoidance behaviors, orientation, positioning, and cognitive learning skills. The quality of the home environment is assessed using the Caldwell Home Inventory, Barnard Teaching Assessment Scale, Barnard Feeding Assessment Scale, and Questionnaire on Resources + Stress Revised.

FEATURES AND PRODUCTS:

The project will develop curriculum materials which highlight the "how to's" of working with critically ill infants from hospitalization though 40 months after discharge from the hospital. A videotape summarizing project activities will be developed.

DEMONSTRATION 67

Early Childhood Day Care Project

ADDRESS: Region XIX Education Service
Special Education Department
P.O. Box 10716
El Paso, Texas 79997

PHONE: (915) 593-5081

YEAR OF FUNDING: 3

FISCAL AGENCY: Region XIX Education Service Center

DIRECTOR: James Mancill
COORDINATOR: Luethyl Price
OTHER STAFF TITLES: paraprofessional day care aides, clerk typist

MAJOR GOAL OF PROJECT:

To provide training for regular day care workers to help them care for children who have handicapping conditions and who are being mainstreamed into the regular day care center setting.

CHARACTERISTICS OF TARGET POPULATION:

The model helps integrate handicapped children into the mainstream of society by increasing the quality and availability of day care services. The project serves about 30 handicapped children birth to age 3 years; severely and multihandicapped children are given priority.

MEASURES OF CHILD PROGRESS:

Product, process, and implementation evaluations are used to indicate program objectives, collect data, and document major program modifications. Written documentation and oral reporting procedures are used to set priorities based upon needs assessment and the review of each staff member's performance in terms of the accomplishment of established program objectives and activities.

PROGRAM FOR PARENTS:

The project coordinator arranges individual consultation concerning separation anxiety, child safety, child care, and acceptance of the child by others. The project and participating sites develop ongoing parent support groups which are open to parents of handicapped and nonhandicapped infants. A parent network encourages mutual support (baby-sitting, exchanging information, emotional support).

FEATURES AND PRODUCTS:

The model will demonstrate the feasibility of providing day care to handicapped children, enhance the children's achievement of developmental milestones, and maintain the integrity of the family by giving parents the opportunity to pursue economic, social, and personal interests. The project focuses on mainstreaming the handicapped child. A rating scale will be developed to evaluate training topics, parents' attitudes toward the consultant and day care staff, and day care staff attitudes about the parents. A behavior evaluation will be developed to evaluate attitudes and feelings of parents of nonhandicapped children who attend day care centers with handicapped children. A project manual also will be developed.

Single Parent Project

ADDRESS: Infant Programs
3313 Richmond Avenue
Houston, Texas 77098

PHONE: (713) 521-9584

YEAR OF FUNDING: 3

FISCAL AGENCY: Mental Health, Mental Retardation Authority of Harris County

DIRECTOR: Marlene Hollier
COORDINATOR: Sandra Collins
OTHER STAFF TITLES: family consultant/resource coordinator, teacher, secretary

MAJOR GOAL OF PROJECT:

To develop a model of services for single parents who may be reluctant or unable to participate in an infant stimulation program due to overwhelming emotional and financial stresses.

CHARACTERISTICS OF TARGET POPULATION:

The project serves developmentally delayed children birth to age 3 years from single-parent families. Parent eligibility is based on parents' economic and social stress levels. The project serves 15 children and their parents.

PROGRAM FOR CHILDREN:

The format and frequency of services to children vary according to parental and child needs. Available services include home visits or center-based interventions, and monthly group classes at variable hours, including weekends. The class focuses on helping the parent become involved with the child at the parent's individual level of readiness. The teacher models appropriate nurturing, positioning and handling, and teaching techniques based on the Infant Programs Birth-to-Three Curriculum.

MEASURES OF CHILD PROGRESS:

Child progress toward individual education plan (IEP) goals is measured quarterly. The Infant Programs Birth-to-Three Curriculum Baseline is administered annually and updated quarterly as a measure of child progress. A standard developmental instrument, such as the Bayley Scales of Infant Development, is administered yearly.

PROGRAM FOR PARENTS:

The parent and the family consultant develop a parent program plan based on a comprehensive needs assessment. Parent plans are evaluated quarterly. Parent training includes parenting skills, assertiveness training, time and money management, recognizing and building strengths in single-parent families, and "surviving alone" workshops. Information on financial assistance, housing, and employment also is offered, and parent support groups are formed as needed.

FEATURES AND PRODUCTS:

The project will publish the Single Parent Resource Handbook for the Houston/Harris County area. This handbook will include training materials and information relevant to single parents of young handicapped children. The project also will publish a collection of assessment materials not limited to the Houston/Harris County area for professionals working with single parents.

Functional Mainstreaming for Success

ADDRESS: Developmental Center for
Handicapped Persons
Utah State University UMC 6800
Logan, Utah 84322-6800

PHONE: (801) 750-1985

YEAR OF FUNDING: 3

FISCAL AGENCY: Utah State University

DIRECTOR: Sebastian Striefel
CO-DIRECTOR: John Killoran
COORDINATOR: Maria Quintero
OTHER STAFF TITLES: graduate assistants, secretary, consultant

MAJOR GOAL OF PROJECT:

To develop and demonstrate a model for transition and partial and full reverse mainstreaming that facilitates the instructional and social mainstreaming of children in community settings.

CHARACTERISTICS OF TARGET POPULATION:

The project serves about 40 children, age 3 to 6 years, with moderate to severe handicaps, including mental retardation, emotional disturbance, behavior disorder, developmental delay, and sensory and motor impairments.

PROGRAM FOR CHILDREN:

The project provides partial and full reverse mainstreaming of handicapped children with 30 nonhandicapped peers. Procedures are developed to 1) identify teacher expectations, child training needs, and teacher assistance and support needs before and during mainstreaming; 2) determine integration activities appropriate for each child; 3) provide activities for functional grouping of handicapped and nonhandicapped peers; and 4) prepare children, families, and staff for mainstreaming. The project has operated three preschool classrooms with a 50:50 ratio of children with and without handicaps. Other mainstreaming activities include transition, partial reverse mainstreaming, and buddy systems in preschool, kindergarten, and first grade classrooms.

MEASURES OF CHILD AND FAMILY PROGRESS:

Progress is documented using standardized instruments selected by the child's study team, direct observational measures of social interactions, and accomplishment of individual goals and objectives. Additional measures of staff, parent, and child satisfaction are used.

PROGRAM FOR PARENTS:

Parents help develop individual education plans, advocate for their child, and facilitate generalization of skills.

FEATURES AND PRODUCTS:

The project has developed a slide-tape describing the project; literature reveiws on mainstreaming; instruments to assess teacher expectations and child skills, parent concerns, and environmental demands and limitations; and materials addressing school policies and the legal and educational rationale for mainstreaming. Peer preparation activities, including puppetry and role play, are being developed. All materials and procedures will be compiled into a project manual for dissemination and replication.

HI TECH

ADDRESS: Outreach, Development, and
Dissemination Division
Developmental Center for
Handicapped Persons
Utah State University UMC 68
Logan, Utah 84322-6805

PHONE: (801) 750-1991

YEAR OF FUNDING: 3

FISCAL AGENCY: Utah State University

DIRECTOR: Sarah Rule
COORDINATOR: Sharman Pitcher
OTHER STAFF TITLES: site manager, site teacher, instructional programmer

MAJOR GOAL OF PROJECT:

To develop, test and disseminate a training and support model for teachers of handicapped preschoolers, using telecommunications technology.

CHARACTERISTICS OF TARGET POPULATION:

The project will serve approximately 45 children age 2 to 6 years who meet eligibility criteria for developmental disabilities and who have no physical and/or sensory impairments that would prevent their participation in an integrated preschool. All children have mild to severe impairments in cognitive functioning and other areas.

PROGRAM FOR CHILDREN:

Mainstream and center-based programs are the primary demonstration sites. The initial demonstration site serves approximately 20 nonhandicapped and five handicapped children. Handicapped children are integrated into regularly scheduled activities supplemented with microsessions and co-incidental teaching sessions. Individual education plans are developed for each child. Ongoing training, program monitoring, and follow-up for preschools in rural areas are conducted using a combination of telecommunication modes.

MEASURES OF CHILD PROGRESS:

Criterion-referenced measurement is provided by the Brigance Inventory of Early Development. Other measures include direct observation of the child's behavior and progress on individual education programs.

PROGRAM FOR PARENTS:

Parents are involved in parent training programs, volunteer assistance (such as the Advisory Committee), in-home assistance, and child advocacy.

FEATURES AND PRODUCTS:

The project is developing, testing, and disseminating a telecommunications support model for teachers of handicapped children in both integrated and self-contained programs. Telecommunication modes examined include two-way audio, two-way audio/video, and electronic mail. Training and support evaluation includes training and feedback to teachers and supervisors, and specialized assistance in such areas as speech and physical therapy.

PTP

Preschool Transition Project

ADDRESS: Outreach, Development, and Dissemination Division
Developmental Center for Handicapped Persons
Utah State University UMC 68
Logan, Utah 84322-6805

PHONE: (801) 750-1991

YEAR OF FUNDING: 3

FISCAL AGENCY: Utah State University

DIRECTOR: Sarah Rule
COORDINATOR: Mark Innocenti
OTHER STAFF TITLES: co-investigator, teacher, secretary, data collectors

MAJOR GOAL OF PROJECT:

To develop a comprehensive curriculum to teach mildly handicapped and at-risk preschool children those survival skills that are required in mainstream placements; and to provide transition services for children and families.

CHARACTERISTICS OF TARGET POPULATION:

The project serves approximately 25 handicapped children age 4 to 5 years who are eligible for school placement the following school year and who demonstrate a significant mental age delay and a significant delay in at least one other developmental skill area, such as language or self-care.

PROGRAM FOR CHILDREN:

The project is developing a model to prepare handicapped children for successful mainstreaming at the kindergarten and elementary levels. The model has four components: 1) child preparation, which occurs in a mainstream preschool and develops children's learning strategies, social skills, and academic skills in formats that approximate kindergarten and elementary school; 2) information transfer, which facilitates administrative transfer of records; 3) placement, which teaches parents to act as advocates to secure mainstream placements; and 4) follow-up, which ensures that mainstream teachers receive support, training, and information about the mainstreamed child.

MEASURES OF CHILD PROGRESS:

Measures of child progress include the Stanford-Binet Intelligence Scale and the Developmental Profile; criterion-referenced testing based on the Brigance Inventory of Early Development; an evaluation procedure which accompanies the Let's Be Social program; the Kindergarten Survival Skills Checklist; direct observation; and other appropriate assessment instruments.

PROGRAM FOR PARENTS:

Parents participate in developing the child's individual education plan, in teaching social skills to their child at home, and in acting as transition agents. The Let's Be Social Home program is used in training parents to teach social skills. A series of meetings is held to inform parents about the transition process and to teach them how to be advocates for their children.

FEATURES AND PRODUCTS:

Procedural manuals, Parents' Manual, and Skills for School Success (a curriculum to teach children to work in a variety of classroom situations) will be available during the third year.

Project TEEM

Transitioning into the Elementary Education Mainstream

ADDRESS: Center for Developmental Disabilities
499C Waterman Building
University of Vermont
Burlington, Vermont 05405

PHONE: (802) 656-4031

YEAR OF FUNDING: 2

FISCAL AGENCY: University of Vermont

DIRECTOR: Wayne L. Fox
COORDINATORS: Michael Conn-Powers and Jacqueline Thousand
OTHER STAFF TITLES: community resource specialist

MAJOR GOAL OF PROJECT:

To develop a model for transitioning children from early childhood special education programs into the local elementary school mainstream; and to develop a process for facilitating the adoption, implementation, and continuation of the transition model by local school systems.

CHARACTERISTICS OF TARGET POPULATION:

The project provides training and technical assistance to public school personnel providing educational services to handicapped preschoolers in 18 rural elementary schools. These personnel include Essential Early Education (EEE), kindergarten, and first grade teachers; elementary special education staff; and administrators.

PROGRAM:

The project is involved in two activities: developing a model for transitioning that can be incorporated into the local elementary school system; and providing training and technical assistance to public school personnel in adopting and adapting this model. The transition model includes preparation of child and school, and a system for monitoring and remediating the child's participation in the elementary school mainstream. Training and technical assistance activities are designed to promote involvement of school personnel, development of administrative policies and procedures, and establishment of a cooperative transition planning team. Parents participate as members of the transition planning team and in the development and implementation of their child's transition plan.

EVALUATION:

The project will assess the degree to which local elementary schools establish and implement a model for transitioning, and the impact of the transition model upon the children and families involved. Instruments and procedures are being developed to measure specific indicators of program success, such as the amount of transition planning in the family and the school, and the level of satisfaction with the transition process.

FEATURES AND PRODUCTS:

The project will develop a manual to assist early childhood special education programs and local elementary schools in establishing policies and procedures for transitioning young children with handicaps. The manual also will include sample instruments and procedures for implementing specific transition activities, such as assessment tools for identifying skill and instructional demands of the elementary school setting.

Project Trans/Team

ADDRESS: Child Development Resources
P.O. Box 299
Lightfoot, Virginia 23090

PHONE: (804) 565-0303

YEAR OF FUNDING: 1

FISCAL AGENCY: Child Development Resources (CDR)

DIRECTOR: Corinne Garland
COORDINATOR: Mary McGonigel
OTHER STAFF TITLES: training consultant
TRAINEES: early intervention program staff

MAJOR GOAL OF PROJECT:

To provide inservice training and technical assistance in the transdisciplinary model to programs that are providing or planning services for developmentally delayed or handicapped infants and their families; to disseminate information about Project Trans/Team, its training and technical assistance services, and its products to a local, state, regional, and national audience; and to design, develop and package for dissemination training units in the transdisciplinary service model and related early intervention topics.

TRAINING PROGRAM:

Several states have requested the assistance of this project in identifying service delivery models and in providing training and technical assistance to local programs. Because Project Trans/Team training is based on the transdisciplinary approach, and because this approach requires a shared philosophical and personnel commitment, the project has detailed criteria for site selection. The project will provide inservice training to meet state and local program development needs and to ensure that local program development is consistent with state planning efforts. Fifteen sites have been selected for training and technical assistance during the first project year. All training and technical assistance is based on needs assessment and is individualized to meet site requirements. All training, however, is based on the transdisciplinary approach to early intervention and on the inclusion of the family as equal members of the transdisciplinary team.

EVALUATION:

Evaluation will focus on the effectiveness of the project's training in meeting the identified inservice training needs of the training sites.

DISSEMINATION:

Dissemination of project information and materials to stimulate training sites will be aimed at specific audiences, such as local agencies and interagency councils. Other dissemination activities will be aimed at a more general audience to increase awareness of the project, its services and materials. The project will design and develop inservice training units in the transdisciplinary model and other related early intervention program topics. Training units will be disseminated initially only to pilot test sites and field reviewers. Following completion of the pilot tests, the training units will be advertised and made available to others.

Parent-to-Parent Monitoring Project

ADDRESS: Division of Educational Services
Virginia Commonwealth University
1314 West Main Street
Richmond, Virginia 23284

PHONE: (804) 257-8410
257-1305

YEAR OF FUNDING: 3

FISCAL AGENCY: Virginia Commonwealth University

DIRECTOR: Margaret Aunings
OTHER STAFF TITLES: parent educators, graduate assistant

MAJOR GOAL OF PROJECT:

To demonstrate the effectiveness of a monitoring system for at-risk infants, a parent-baby group providing training and support in early intervention, and a parent-to-parent model for implementing these components.

CHARACTERISTICS OF TARGET POPULATION:

The project serves infants birth to age 2 years who have received care in the local neonatal intensive care unit, infants whose mothers were under age 17 years at the infant's birth, and infants whose mothers have limited abilities (MH-MR). About 300 infants and families are eligible for services; 150 will participate each year.

PROGRAM FOR FAMILIES:

The project serves children indirectly through a comprehensive program of services to families. Parents may choose to participate in any or all of the components. The first component monitors at-risk infants. A staff member visits the home of an at-risk infant to provide developmental and community resource information to parents immediately after their newborn is discharged from the hospital. Visits occur every three months until the infant is age 2 years. The second component is a bimonthly parent-baby group offering education and support to parents of at-risk and delayed infants. In the third component, a small group of parents is trained to implement the first two components.

MEASURES OF CHILD AND FAMILY PROGRESS:

Measures of child progress, administered initially, annually, and/or at termination, include the Bayley Scales of Infant Development, the Battelle Developmental Inventory, and the Carolina Record of Infant Behavior. An adapted version of the Denver P.D.Q. is used every three months to monitor development. Effectiveness of services to parents is documented by a parents' needs inventory, stress and support scales (A.F.I.L.E. and F.I.R.M.), parents' knowledge of child development, parent satisfaction measures, the Home Observation for Measurement of the Environment, Field's Face-to-Face Interaction Scales, the Broussard Neonatal Perception Inventory, and the Nowicki-Strickland Locus of Control.

FEATURES AND PRODUCTS:

A resource guide of services for young children and a procedural manual, including training materials, are available. The project is facilitating both an interagency coordinating task force of the existing infant programs in Richmond, and an evaluation consortium of regional infant programs.

RAMPP

Rural Area Model Preschool Project

ADDRESS:	Washington State University Department of Child and Family Studies 108 White Hall Pullman, Washington 99164	PHONE:	(509) 335-8586 335-3773
		YEAR OF FUNDING:	1
FISCAL AGENCY:	Washington State University Department of Child and Family Studies		

DIRECTOR: Sherrill Richarz
PRINCIPAL INVESTIGATORS: Charles Peck and Karen Peterson
OTHER STAFF TITLES: demonstration/dissemination coordinators, program assistants, secretary

MAJOR GOAL OF PROJECT:

To create a model of program development so that existing preschools in rural communities successfully can accommodate children with special needs.

CHARACTERISTICS OF TARGET POPULATION:

The project impacts on rural handicapped preschoolers in eastern Washington by increasing and enhancing the integrated educational opportunities of this population. During the first project year, direct services are provided to 15 preschool children with special educational needs in the Pullman area.

PROGRAM:

Because of the complex and highly variable characteristics of rural communities, the project emphasizes a model of program development in regular preschools, rather than a model program of direct intervention services. The model has several components: a) a procedure for adapting and extending curricula already in use in existing preschools to meet identified needs of handicapped children; b) a process of individualized family support and consultation to facilitate the child's integration into the community; c) intervention procedures for facilitating social/communicative interaction between handicapped and nonhandicapped children in integrated preschool settings; d) a training program for teachers, administrators, parents, and other community members related to the goals of mainstreaming; and e) a process of self-study and evaluation of local needs.

PROGRAM EVALUATION:

Model components are being field-tested in eastern Washington. Evaluation addresses: a) the effectiveness of the overall model for adapting preschool curricula for handicapped children; b) the training component for parents and professionals; and c) the procedures for facilitating social interactions among the children and their peers.

FEATURES AND PRODUCTS:

The project emphasizes a flexible approach to least restrictive placement which is based on local needs and existing resources. The project is developing guidelines to help preschools analyze critical components necessary for the child's success in classroom environments and incorporate individual education plan goals into regular preschool activities. Another set of guidelines will help parents in selecting a preschool/day care program for their handicapped child.

Coordinated Service Delivery for Young Handicapped Children

ADDRESS: Experimental Education Unit
University of Washington WJ-10
Seattle, Washington 98195

PHONE: (206) 543-4011

YEAR OF FUNDING: 3

FISCAL AGENCY: University of Washington

PROJECT DIRECTORS: Pam Tazioli AND Mimi Heggelund
PRINCIPAL INVESTIGATOR: Eugene Edgar
OTHER STAFF TITLES: secretary

MAJOR GOAL OF PROJECT:

To develop two interagency models and accompany training materials which facilitate effective interagency transition procedures and concurrent service delivery at the early childhood level.

CHARACTERISTICS OF TARGET POPULATION:

The procedures developed by the project can be used by agencies serving preschool children with a variety of handicapping conditions and their families. Children eligible to participate in the demonstration phase of the project are those who are enrolled in the participating agencies and are scheduled for transition or are receiving concurrent services.

PROGRAM:

The goal of the project is the development and statewide implementation of model procedures that will promote coordinated service delivery to preschool handicapped children by child service agencies and school districts. The project involves development, field-testing, and evaluation of procedures and training materials that will help coordinate education, health, and social services. All materials are field tested and/or replicated in several sites, including out-of-state locales.

FEATURES AND PRODUCTS:

The project measures and documents a) the impact of model procedures in terms of quality, time, and cost; b) the satisfaction of those using project materials or products; and c) the implementation of specific activities which meet project objectives. Project staff members are developing an early childhood interagency transition model, a concurrent services model, and training materials to accompany both models.

Transactional Family Systems Model

ADDRESS: Experiment Education Unit
University of Washington WJ-10
Seattle, Washington 98195

PHONE: (206) 543-4011

YEAR OF FUNDING: 1

FISCAL AGENCY: University of Washington

DIRECTOR: Rebecca Fewell
COORDINATOR: Rodd Hedlund
OTHER STAFF TITLES: parent/infant educator, nurse consultant, pediatric therapist, computer programmer, secretary

MAJOR GOAL OF PROJECT:

To develop an individualized home-based family intervention program for severely handicapped infants and their families.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 15 infants, birth to age 24 months, and their families. Most infants are referred from local neonatal intensive care units (NICUs), and are diagnosed as severely handicapped or medically fragile.

PROGRAM FOR FAMILIES:

Program focus is on the family system and family interactions across time. Family intervention provides opportunities for each family member to develop positive patterns of interaction with the infant. Services begin when infants are discharged from the NICU or are otherwise identified as having a severe handicap. Project staff will observe infant behaviors and develop individualized therapy and educational activities that can be implemented at home by family members. During weekly home visits, a team of service providers observes parent-child interactions, discusses parents' developmental expectations for their infant, and suggests appropriate developmental activities from the Computer-Assisted Program (CAP) Home Activities Package. These activities are designed to be implemented in the infant's daily routine.

MEASURES OF CHILD AND FAMILY PROGRESS:

Children's developmental progress is assessed quarterly, using the Early Intervention Developmental Profile, and annually, using the Bayley Scales of Infant Development. Family interactions are assessed at home visits, using the Social Assessment Rating Scale.

FEATURES AND PRODUCTS:

The program model differs from most traditional home-based models in three ways: a) the focus is on promoting positive parent-child interactions through the observation, translation, and interpretation of the infant's behavior within the home setting; b) intervention activities involve both mother and father, rather than merely the primary caretaker; and c) intervention activities are individualized, based on individual and family needs, rather than structured around a specific curriculum. The effectiveness of various components of the intervention and the cost effectiveness of variations in the service delivery model will be evaluated. The project will make available a variety of supports to promote family independence, including a resource directory of services and programs in the greater Seattle area, individual training therapy services, and community support groups.

Intensive Team Training

ADDRESS: Autism Training Center
Marshall University
Huntington, West Virginia 25701

PHONE: (304) 696-2332

YEAR OF FUNDING: 2

FISCAL AGENCY: Marshall University

DIRECTOR: Glen Dunlap
COORDINATOR: Frank Robbins
OTHER STAFF TITLES: preschool training specialist, evaluation specialist, training assistants, secretary

MAJOR GOAL OF PROJECT:

To develop and disseminate a comprehensive training program designed to serve young children with autism, their families, and service providers; and to document the effectiveness of the team training program in meeting individual family needs in rural communities.

CHARACTERISTICS OF TARGET POPULATION:

The project serves autistic or autistic-like children age 2 to 6 years and their families who reside within a two-hour radius of the center.

PROGRAM:

The project trains teams to carry out educational interventions. These teams consist of the child, parent or guardian, and relevant others, such as preschool teachers, day care providers, relatives, and local education agency (LEA) personnel. After assessment, the project trainer and team develop an individualized training plan (ITP) for the child and family. Following initial training, intervention programs are conducted in the home or school as appropriate under the guidance of project staff. The project maintains regular contact throughout the preschool years until transition to the LEA is complete, with a minimum of monthly telephone contacts, quarterly home visits, and biannual reevaluations of progress. Adults on the team receive training in generalized behavior management and instructional techniques. Through discussion, modeling, in vivo practice with videotaped feedback, and print materials, trainees acquire skills in using instructional delivery, question asking, prompts, shaping and chaining, reinforcement and other consequences, and discrete trials. The project also provides advanced individualized training for specific needs identified on the ITP.

MEASURES OF CHILD AND FAMILY PROGRESS:

The child's level of functioning is assessed at intake and every six months thereafter using standardized instruments, criterion-referenced scales, and video-recorded direct observation measures. Behavioral data is recorded and analyzed throughout the training process and follow-up. Single-case research designs are employed to test the efficacy of a particular technique on a specific behavior. Adult progress is assessed through video recordings of adult-child interactions. Parents and professionals also complete satisfaction questionnaires.

FEATURES AND PRODUCTS:

During the third year of funding, the project will publish a manual to illustrate the training process and techniques.

Project LIFT

Linking Infants and Families Together

ADDRESS: Cooperative Educational Service Agency #5
626 E. Slifer Street
Portage, Wisconsin 53901

PHONE: (608) 742-8811

YEAR OF FUNDING: 1

FISCAL AGENCY: Cooperative Educational Service Agency #5

DIRECTOR: George Jesien
COORDINATOR: Joan Brinkerhoff
OTHER STAFF TITLES: infant specialist, motor specialist, communication specialist, secretary, medical consultants

MAJOR GOAL OF PROJECT:

To provide effective, comprehensive services for infants with severe multiple handicaps; to extend and strengthen support for family systems; and to maintain family cohesion.

CHARACTERISTICS OF TARGET POPULATION:

The project serves 30 infants with severe multiple disabilities, birth to age 36 months, and their families in rural south central Wisconsin.

PROGRAM FOR CHILDREN:

The program for infants has three components. Responsive Play establishes infant control in social interactions. Making Things Happen provides infants with control over their physical environment by integrating intervention activities into daily routines and predictable settings. Functional Abilities establishes goals for infant developmental competencies and functional skills. Each family's Individualized Family Service Plan (IFSP) is designed to provide multiple opportunities for infant initiation, control of environmental events, and reciprocal social interactions with their family.

MEASURES OF CHILD PROGRESS:

The Brinker and Lewis hierarchy is administered at entry and every three to six months thereafter to assess infant contingency awareness. Infant capabilities and skills are measured using the Carolina Curriculum for Handicapped Infants and Infants At-Risk. The Social Interaction Assessment/Interaction Model also is administered.

PROGRAM FOR PARENTS:

The project's parent component has four goals: to promote family adjustment to their infant; to help the family function more effectively by reducing stress; to expand social supports through parent-to-parent matches, self-help, support and advocacy groups; and to increase parent knowledge and use of community resources. Family members work with the care coordinator to plan weekly home visits. Parent-infant interactions are videotaped quarterly to provide feedback for modifying intervention goals and parent-infant behaviors. The care coordinator serves as project liaison linking the family, community agencies, and other service providers.

FEATURES AND PRODUCTS:

Project staff are developing a project newsletter, brochure, and slide-tape presentation.

Focus Classroom Outreach

ADDRESS: 2917 King Street, Suite C
Jonesboro, Arkansas 72401
PHONE: (501) 935-2750

FISCAL AGENCY: Focus, Inc.

DIRECTOR: Barbara L. Semrau
COORDINATORS: Jo-Ann Hinkle and Rebecca Harrington
OTHER STAFF TITLES: trainer

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

United Cerebral Palsy, Title XIX, Governor's Developmental Disabilities Planning Council Grant, State DDS Funds, Child Care Food Program, and local education agencies.

DEMONSTRATION MODEL:

The project uses an individualized developmental approach that emphasizes functional communication. One classroom is housed in a public school building. A second classroom has been established in a rural public school in the southern part of the county to eliminate transportation of the children over great distances. The involvement of special needs mothers is a major component of the program, and involves home training and center-based activities. Mothers are trained and employed as part-time paraprofessionals in the early childhood classroom.

TARGET FOR OUTREACH SERVICES:

The project targets its outreach services to preschool program staff and paraprofessionals in developmental disabilities day centers throughout the state.

MAJOR OUTREACH SERVICES:

The project has developed a curriculum emphasizing functional communication, consisting of a training manual, activity cards, unit cards, and a weekly activity log. The project conducts a regional workshop to introduce the curriculum, and project staff visit other center-based programs to provide training in its use. The model classroom serves as an observation site. The project also facilitates the children's transition into public schools. A communications course for paraprofessionals is available through a local community college.

FEATURES AND PRODUCTS:

The project has developed a training manual, Functional Communication Skills, for aides working with young children with handicaps, and a curriculum, Creating a Reason to Communicate, to emphasize functional communication at school and at home. For those working with mothers who are developmentally disabled, the project has designed Let's Talk, an activities booklet; Helping Baby Grow Up Healthy and Happy, a booklet on child development; and How to be a Good Teacher Aide, a training manual for special education paraprofessionals. The project also addresses the social acceptance of children with handicaps by their nonhandicapped peers in public school.

* 58 sites are reported to be using components of the project's demonstration model.

Special Care Outreach Project

ADDRESS: Children, Youth and Family Services PHONE: (213) 664-2937
1741 Silverlake Boulevard
Los Angeles, California 90026

FISCAL AGENCY: Children, Youth, and Family Services

DIRECTOR: Bea Gold
COORDINATOR: Mary Bucher
OTHER STAFF TITLES: trainer

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
California Department of Developmental Services.

DEMONSTRATION MODEL:

The Parent and Special Infant/Toddler Project (PASIT) is a family-centered program for infants, toddlers, and preschool children with a variety of handicapping conditions, developmental delays, and special health and developmental problems. The project offers home- and center-based services and works closely with other community agencies to provide a comprehensive and coordinated program for the children and their families.

TARGET FOR OUTREACH SERVICES:

Outreach training is targeted to two audiences: a) California Child Resource and Referral Agencies, state-funded to provide such services as helping parents find child care, documenting community child care needs, and providing technical assistance to child care programs; and b) agencies funded under SB 1674 to increase their child care and developmental services in mainstream settings to children with exceptional needs.

MAJOR OUTREACH SERVICES:

The project provides training in mainstreaming for child care providers involved in or interested in mainstreaming special needs children, and offers on-site technical assistance and consultation to participating programs. Information on child care needs of children with handicaps is disseminated through collaborative community meetings and through conferences and workshops. Other services include networking with agencies to provide a support system for providers of mainstream child care services.

FEATURES AND PRODUCTS:

Products include a Training of Trainers Manual on Mainstreaming Special Needs Children into Day Care Settings, which is updated every three months, and a video program on ways to mainstream children in family day care homes and centers. The project is developing a lending library on child care for special needs children, which will be available to all participants in the program.

* 10 sites are reported to be using components of the project's demonstration model.

INREAL/Outreach

(INter-REAactive Learning)

ADDRESS: University of Colorado
Campus Box 409
Boulder, Colorado 80309

PHONE: (303) 492-8727

FISCAL AGENCY: University of Colorado

DIRECTOR: Rita S. Weiss
COORDINATOR: Elizabeth A. Heublein
OTHER STAFF TITLES: training coordinator, implementation coordinator

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

The University of Colorado and local contributions from participating agencies.

DEMONSTRATION MODEL:

The project offers a nonstigmatizing, noncategorical model of intervention to improve learning skills of handicapped and educationally at-risk children. Intervention is provided in the classroom by INREAL-trained teachers and specialists using communication-based instruction, including mirroring, parallel-talk, verbal monitoring, and reflecting and modeling. The original HCEEP demonstration model focused on mild-to-moderate language- and learning-handicapped children, age 3 to 5 years. The model has been expanded and adapted to serve children birth to age 8 years across all severity levels. Model components include appropriate classroom experiences and materials, and coordinated preservice and inservice training for teachers.

TARGET FOR OUTREACH SERVICES:

Outreach efforts are directed to local and state agencies (Education, Health, Social Services, etc.), health professionals, day care providers, medical personnel, and parents.

MAJOR OUTREACH SERVICES:

The project provides preservice, inservice, and INREAL certification training from the Home Office and regional training centers. INREAL trainers provide on-site training and technical assistance to local agencies, act as liaisons between state and local agencies, and provide local interagency coordination. The parent training program will be adapted for use with day care providers and health professionals working with families with handicapped infants.

FEATURES AND PRODUCTS:

The project emphasizes establishment of regional centers based on the recognition that locally controlled centers are often more cost-effective and responsive to local needs and concerns. Project-developed products include the INREAL Training Evaluation Model (ITEM), a specialist and trainer certification curriculum and other training materials, video demonstration tapes, and a parent training program. The project is developing a process analysis guide for assisting schools to adapt new program models.

* 204 sites are reported to be using components of the project's demonstration model.

PEECH

Precise Early Education for Children with Handicaps

ADDRESS: University of Illinois
Colonel Wolfe School
403 East Healey
Champaign, Illinois 61820

PHONE: (217) 333-4894

FISCAL AGENCY: University of Illinois

DIRECTOR: Merle B. Karnes
COORDINATOR: Betsy Santelli
OTHER STAFF TITLES: replication specialist, evaluator, materials developer

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Joint agreement between Rural Champaign County Education Cooperative and the University of Illinois.

DEMONSTRATION MODEL:

PEECH is a center-based program serving handicapped children age 3 to 5 years and their families. Though the mildly to moderately handicapped are the project's primary population, procedures have been adapted for lower-functioning, sensory-impaired children. The project obtains pre- and post-test data on children. Teachers assess each child's abilities using Coordinating Assessment and Programming for Preschoolers (CAPP), set individual goals and objectives, and evaluate child progress regularly.

TARGET FOR OUTREACH SERVICES:

Outreach services are directed to state consultants for preschool handicapped programs, replication site personnel, university faculty, and other professionals.

MAJOR OUTREACH SERVICES:

PEECH provides intensive training to each year's replication sites and presents component workshops on topics relevant to early childhood special education. The project disseminates materials to interested professionals at local, state, regional, and national conferences.

FEATURES AND PRODUCTS:

The project developed the CAPP child assessment instrument and provides the instrument to replication sites. PEECH also has developed classroom and parent activity manuals and numerous handouts on relevant topics in early childhood special education.

* 117 sites are reported to be using components of the project's demonstration model.

RAPYHT

Retrieval and Acceleration of Promising Young Handicapped and Talented

ADDRESS: University of Illinois
Colonel Wolfe School
403 East Healey
Champaign, Illinois 61820

PHONE: (217) 333-4894

FISCAL AGENCY: University of Illinois

DIRECTOR: Merle B. Karnes
COORDINATOR: Jane Amundsen
OTHER STAFF TITLES: replication specialist, evaluator, materials developer

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Joint agreement between Rural Champaign County Education Cooperative and the University of Illinois.

DEMONSTRATION MODEL:

RAPYHT is a comprehensive approach to identifying mildly to moderately handicapped preschool children, age 3 to 6 years, with potential talent whose full development is impaired through physical, sensory, social-emotional, and/or learning deficits. Children are defined as gifted/talented if they show evidence of outstanding abilities in one or more of the following areas: intellectual ability, creativity, leadership, visual/performing arts, academic ability, and psychomotor skill. Intervention provides special programming to nurture that talent and to promote development of the child's critical thinking skills and creativity.

TARGET FOR OUTREACH SERVICES:

The project provides materials and training in the model to educators serving replication sites across the nation. These replication specialists in turn provide intensive training to the staff and parents in a variety of area agencies serving preschool and handicapped children, such as public and private schools, Head Start, and community programs.

MAJOR OUTREACH SERVICES:

In addition to providing training and ongoing support to replication specialists, project staff promote awareness of the RAPYHT model through articles and presentations at local, state, and national conferences. Preservice early childhood special education teachers receive training in the project through information provided to university and college professors.

FEATURES AND PRODUCTS:

Results from research support the assertion that RAPYHT programming promotes growth in creative thinking, social functioning, motivation to achieve, and specific talent areas. The project has developed curriculum materials for home and classroom which focus on critical thinking skills (General Programming: Detective, Inventor, and Judge Thinking Activities and General Programming: Detective, Inventor, and Judge Thinking Activities for the Home) and on specific talent areas (Talent Programming and Talent Activities for the Home). In addition, RAPYHT teachers receive a Talent Identification manual and replication specialists receive a Trainer's Guide.

* 90 sites are reported to be using components of the project's demonstration model.

ACCT Outreach

ADDRESS: Western Illinois University
27 Horrabin Hall
Macomb, Illinois 61455

PHONE: (309) 298-1014

FISCAL AGENCY: Western Illinois University

DIRECTOR: Patricia L. Hutinger
COORDINATOR: Linda Robinson
OTHER STAFF TITLES: child development computer specialists/trainer, child development computer specialist/trainer/evaluator, programmer/adaptor, secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Illinois Department of Mental Health/Developmental Disabilities, McDonough County Mental Health Board, Illinois State Board of Education, local public school tuition, and federal funds.

DEMONSTRATION MODEL:

The model features an innovative microcomputer curriculum targeted at children birth to age 8 years who demonstrate moderate to severe structural and functional handicapping conditions that prevent them from interacting with their environment. Computer intervention sessions are designed for individual, small-group and large-group use and may be conducted in the home or the classroom. The curriculum is designed to foster expectations of control over the environment, promote autonomy, increase opportunities for communication, and develop problem-solving and cognitive skills. The curriculum is divided into three components (Birth-to-3, Severe/Profound, and 3-to 5) and includes procedures for the use of microcomputer hardware, software, and peripherals. Adaptive peripherals include alternative output devices (speech and music synthesizers, robots, toys, etc.) and input devices (graphics and touch tablets, adaptive keyboards, special switches, etc.).

TARGET FOR OUTREACH SERVICES:

The project provides training in model replication to early childhood personnel, occupational or physical therapists, psychologists, speech and language specialists, and other support personnel. Depending on the size of the site, the project trains trainers or service delivery staff.

MAJOR OUTREACH SERVICES:

Trainees undergo one or more five-day, intensive training sessions at the ACTT site. Computer instruction is provided for a maximum of ten trainees during each five-day session, for a total of 80 trainees per year. Trainee outcomes are measured according to computer user competencies. Outreach staff also provide consultation and follow-up services at the replication site.

FEATURES AND PRODUCTS:

Existing products include the ACTT Starter Kit, the ACTT Curriculum, and Software You Can Use in Early Childhood. Additional products under development include training materials and modules, and further software programs which support curricular objectives.

* 14 sites are reported to be using components of the project's demonstration model.

Macomb 0-3 Regional Project

ADDRESS: Western Illinois University
27 Horrabin Hall
Macomb, Illinois 61455

PHONE: (309) 298-1634

FISCAL AGENCY: Western Illinois University

DIRECTOR: Patricia L. Hutinger
COORDINATOR: Bonnie Smith-Dickson
OTHER STAFF TITLES: training coordinator, evaluator/trainer, programmer/trainer, secretary

SOURCES OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Illinois Department of Mental Health/Developmental Disabilities, McDonough County Mental Health Board, Fulton County Mental Health Board, and the State Board of Education.

DEMONSTRATION MODEL:

The model provides home-based service delivery for handicapped children, birth to age 3 years, and their families in rural communities. Components include home visits, sharing centers, Water Activities for Developmental Enhancement, and transition services. The curriculum integrates Piagetian concepts of cognition, a linguistic/pragmatic approach to communication, new concepts in social development, gross and fine motor skills, and self-help skills. Six developmental areas are addressed: skill areas, skill sequences, activity examples, references, and adaptions for children who have visual, auditory, and/or motor impairments. Family involvement an is essential factor.

TARGET FOR OUTREACH SERVICES:

In Illinois, target agencies include the Illinois State Board of Education and its newly established demonstration programs; other Illinois birth-to-3 programs; perinatal units; the Department of Mental Health-Developmental Disabilities; Maternal and Child Health; the Division of Services to Crippled Children; and other agencies in conjunction with the Illinois State Plan. Outside Illinois, targeted agencies include state plan projects, early childhood programs, Developmental Disabilities, Maternal and Child Health, local education agencies, and private and public agencies.

MAJOR OUTREACH SERVICES:

Outreach services include training in model and component replication, cross-agency awareness activities, materials development, and consultation. The project also works with university personnel to establish infant competencies and coursework. Comprehensive program evaluation and review also are available to established programs.

FEATURES AND PRODUCTS:

Project materials for model implementation include Baby Buggy books and papers, Core Curriculum and documentation for Computer-Oriented Recordkeeping Enabler (CORE), project brochures, sample project and Sharing Center newsletters, the Rural Network Monograph Series, the Sharing Center Training Module, the Executive Summary of the Study of the State of the Art of Illinois Birth-to-3 programs, project training materials, and evaluation forms.

* 30 sites are reported to be using components of the project's demonstration model.

Project RHISE

ADDRESS: Children's Development Center
650 North Main Street
Rockford, Illinois 61103

PHONE: (815) 965-6745

FISCAL AGENCY: Children's Development Center

DIRECTOR: Nancy Eggers
COORDINATOR: Valerie Whitson
OTHER STAFF TITLES: training specialist, secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Illinois Department of Mental Health/Developmental Disabilities, United Way, County 708 Board, fees, gifts, and contributions.

DESCRIPTION OF DEMONSTRATION MODEL:

The demonstration program serves handicapped infants birth to age 3 years and their families in home, center, and satellite settings. The project's Consultancy Model uses a transdisciplinary team of specialists to plan and coordinate intervention services, with one team member (usually the child's teacher or the parent infant educator) providing most direct services to the family. Inservice training and case-specific consultations are held regularly. An individual family service plan is developed in consultation with the parents. Child progress is monitored by anecdotal records, developmental checklists, and case reviews by the team. Services for parents include training in facilitating the child's development, parent-to-parent groups, information exchange, and counseling.

TARGET FOR OUTREACH SERVICES:

Outreach efforts are directed to public and private agencies serving handicapped children birth to age 3 years and their families within a nine-state area. Limited technical assistance will be provided to rural areas outside this target area.

MAJOR OUTREACH SERVICES:

Outreach efforts include needs assessment, topical workshops, training for model replication, observation and training at the demonstration site, product development and dissemination, information services, and community awareness activities. The project provides consultation to state education agencies within the nine-state area.

FEATURES AND PRODUCTS:

The model is being replicated in urban and rural settings. Project-developed materials include the Rockford Infant Development Evaluation Scales (RIDES); RIDES/TAP cross index; Curriculum Syllabus (revised); a mass screening handbook; a child development chart; a handbook on facilitating gross motor development; and "Hello Somebody ...,"a film about early intervention. Materials for working with families include manuals on parent readiness levels, working with difficult parents, establishing rapport with parents, and attachment relationships for adolescent mother-infant dyads.

* 65 sites are reported to be using components of the project's demonstration model.

Project UPSTART

ADDRESS:	Kilby Easter Seal Rehabilitation Center 6400 Gradys Walk Bowie, Maryland 20715	PHONE:	(301) 464-5403

FISCAL AGENCY: Easter Seal Society for Disabled Children and Adults, Inc.

DIRECTOR:	D. Lee Walshe
COORDINATOR:	Kay Kincaid-Sharif
OTHER STAFF TITLES:	education specialists, occupational therapist, speech pathologist and physical therapist consultants, secretary/office manager

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Easter Seal Society for Disabled Children and Adults, Inc.

DEMONSTRATION MODEL:

The model provides a Sequenced Neuro-Sensorimotor Program for infants and preschoolers with moderate to profound mental and/or physical handicaps. Therapeutic and educational activities are individualized and reflect the treatment techniques of Neurodevelopmental Treatment (Bobath), Sensory Integration (Ayres), and cognitive development theories. Services to children include comprehensive diagnostic services; occupational, physical, and speech therapies; therapeutic aquatics; equipment loan; transportation; and meals. Support services to families include consultation by the social worker, home visits for information and training, workshops, referral for respite care and placement with other agencies, and monthly meetings. Parents participate in reviews of their child's program and serve on the Project Advisory Committee.

TARGET FOR OUTREACH SERVICES:

Trainees will include special educators, paraprofessionals, administrators, therapists, and parents. Six agencies representing a wide variety of educational environments (urban/rural, center-based/home-based, etc.) have been targeted for assistance.

MAJOR OUTREACH SERVICES:

Initial training for each replication site is conducted in workshops. On-site consultation takes place monthly in each classroom, and consultation by telephone is available at any time. Parents may participate in intervention sessions offered during the week. Preservice and inservice training are available at the model classroom for university students, high school students, and volunteers. Project staff participate in state planning activities, collaboration with the Preschool Incentive Grant, state-level District of Columbia activities, and activities of the District of Columbia Association of Independent Special Education Facilities.

FEATURES AND PRODUCTS:

Products include fact sheets, parent training materials, training and resource materials, evaluation materials for the child and family, and evaluation materials for sites and workshops.

* 23 sites are reported to be using components of the project's demonstration model.

BEACON Outreach Project

ADDRESS: 376 Bridge Street
Dedham, Massachusetts 02026

PHONE: (617) 329-5529
329-3651

FISCAL AGENCY: Early Recognition Intervention Network, Inc.

DIRECTOR: Peter K. Hainsworth
COORDINATOR: Marian Hainsworth and Laurie Van Loon
OTHER STAFF TITLES: language development specialist, secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

The Early Recognition Intervention Network in conjunction with a local education agency and preschool center.

DEMONSTRATION MODEL:

The model serves bilingual children, age 2 to 7 years, using the ERIN Information Processing Model of screening/evaluation and curriculum. (See ERIN Outreach abstract, p. 90, for a more complete description of the model.) Two groups of children are served: mildly handicapped children in preschool or K-1 classrooms and moderately to severely handicapped children enrolled in special preschool classes, usually for one language group. Children are screened using the Preschool Screening System and the Developmental Inventory of Learning Skills. The model offers a range of options for home/school coordination: a) screening and classroom follow-up for mildly handicapped children; b) intensive programming for more handicapped children; and c) school system coordination of services. Parents participate in screening and evaluation and on the advisory council. Cultural differences are taken into account regarding the level of parent involvement and support required.

TARGET FOR OUTREACH SERVICES:

A range of agencies receive assistance in replicating model services, including Head Start, day care centers, and public school mainstream, special and bilingual classrooms.

MAJOR OUTREACH SERVICES:

BEACON staff provide two to five days of training for replication sites, including workshops, in-class visits, and meetings with administrators. Model classrooms and specialists in the Boston area demonstrate the model. Bilingual screening and curriculum materials are disseminated through contact with bilingual, special education, early childhood and National Diffusion Network personnel in state governments, and local education agencies.

FEATURES AND PRODUCTS:

Active involvement and support by the state department of education and other regional agencies is an ongoing project feature. The project provides materials to help a city or region screen its bilingual populations and structure a curriculum that is culturally sensitive and efficient. The screening tool is available in 18 parallel language adaptations, and new languages are adapted as requested. The process-oriented curriculum currently has special materials for Spanish and Chinese children. The BEACON screening tool and curriculum will be field tested and refined for wider dissemination.

* 18 sites are reported to be using components of the project's demonstration model.

ERIN Outreach

ADDRESS: 376 Bridge Street
Dedham, Massachusetts 02026
PHONE: (617) 329-5529
329-3651

FISCAL AGENCY: Early Recognition Intervention Network, Inc.

DIRECTORS: Marian and Peter Hainsworth
OTHER STAFF TITLES: training specialist, administrative assistant

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

The Early Recognition Intervention Network in conjunction with a local education agency and preschool center.

DEMONSTRATION MODEL:

The ERIN model provides teachers with a technology for observing, planning, and implementing individual education plan for children, age 2 to 7 years, in mainstream or special settings. The model stresses developmental growth in general coping, cognitive, and specific learning skills, and includes six components: a) Screening/Child Find, using the norm-referenced Preschool Screening System; b) Observation/Evaluation, based on the Developmental Inventory of Learning Skills (DILS); c) an individual education program; d) instruction in participation, language, body awareness and control, and visual perceptual motor skills, using the modularized ERIN Curriculum and Enrichers; e) home/school partnership, with parent materials keyed to curriculum units; and f) coordinated transition to the next service setting. The program offers three levels of intensity: supportive mainstreaming, systematic individualization within a group setting, and intensive individualization.

TARGET FOR OUTREACH SERVICES:

Training will be provided for teachers, coordinators, and parents at replication sites in urban and rural public schools, Head Start centers, and day care and nursery schools. The project will continue to assist state agencies in the development of comprehensive service delivery systems, emphasizing services for underserved, economically disadvantaged, ethnic minority, and migrant children.

MAJOR OUTREACH SERVICES:

The ERIN Training Program provides the equivalent of three to six college credits through week-long Leadership Training Institutes and Regional Workshops. On-site consultation is provided for program planning, needs assessment, implementation assistance, and program evaluation.

FEATURES AND PRODUCTS:

ERIN Outreach efforts generally span two to three years in a given geographic setting, establishing a pilot site and then encouraging other sites to join as an Extended Outreach nucleus for the area. The project will refine the ERIN Teacher and Coordinator Kit materials in preparation for wider dissemination. Selected ERIN products have been translated into other languages (see BEACON outreach abstract, p. 89 for details).

* More than 300 sites are reported to be using components of the project's demonstration model.

Project Dakota Outreach

ADDRESS: Dakota, Inc.
680 O'Neill Drive
Eagan, Minnesota 55121

PHONE: (612) 455-2335
454-2732

FISCAL AGENCY: Dakota, Inc.

DIRECTOR: Linda Kjerland
TRAINING COORDINATORS: Catherine Winters, Kathleen Corrigan
OTHER STAFF TITLES: specialist, secretary, program evaluator

SOURCE OF CONTINUING FUNDING FOR SERVICE DELIVERY PROGRAM:
County Social Services

DEMONSTRATION MODEL:

Project Dakota is a family-centered, community-based program which features parent leadership, responsiveness to individual families, and a commitment to the use of natural settings and resources for programming. Natural resources may include neighborhood playmates, nursery school, day care, tot programs, extended family, and other settings used by nondelayed peers. These elements of the project model are made possible by a transdisciplinary team structure and a service menu with nearly unlimited choices regarding service setting, frequency, and type of contacts for both parents and their children. Functional, ecological interventions derive from a collaborative assessment by staff and parents, and address parental priorities and preferences. The model is applicable to children birth to age 4 years, who have mild, moderate or severe developmental disabilities or delays.

TARGET FOR OUTREACH SERVICES:

The outreach effort will be aimed at administrators, program staff, parents, and community-related service and early childhood providers. Session participants are interagency groups, parent groups, program participants (parents and staff), or staff only.

MAJOR OUTREACH SERVICES:

The project provides orientation sessions, specifically designed workshops, two- to three-day internships, follow-up training and site visits, consultations, leadership seminars, and print materials.

FEATURES AND PRODUCTS:

The project serves rural, suburban, and urban areas. Products include Tailor Made Early Intervention; Structures for Program Responsiveness to Parents; a validated "Parent Satisfaction Survey;" "Position Descriptions" for family-centered, transdisciplinary early interventionists; Report of Findings, containing a program rationale and evaluation results; and numerous handouts and staff practice guides. Training sessions feature extensive slides and videotapes of parent-staff collaboration and children birth to age 4 years in a variety of informal and formal integrated peer group settings.

* 13 sites are reported to be using components of the project's demonstration model.

Clay County Coordinated Preschool/Minnesota Rural Outreach

ADDRESS: Lommen Hall
Moorhead State University
Moorhead, Minnesota 56560

PHONE: (218) 236-2006
236-2002

FISCAL AGENCY: Clay County Vocational Cooperative Center

DIRECTOR: Evelyn C. Lynch
COORDINATOR: Robyn R. Widley
OTHER STAFF TITLES: outreach trainers, secretary, consultants

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Local school districts and Clay County Commissioners.

DEMONSTRATION MODEL:

The Clay County Coordinated Preschool Program (CCCPP) is a rural model of service delivery for handicapped children, birth to age 4 years, and their families. Children have learning or vision impairments, spinal cord defects, cerebral palsy, or recognizable syndromes associated with mental retardation, which results in a developmental delay in two or more areas. Direct services for children are center-based in an integrated school setting; children who have home programming are visited by a representative of the cooperating agencies involved in the program. The program attempts to address the unique needs of each family and encourages parent involvement in planning the child's educational program.

TARGET FOR OUTREACH SERVICES:

Outreach efforts are directed to school administrators, public health nurses, occupational therapists, early childhood special education teachers, and parents.

MAJOR OUTREACH SERVICES:

Services provided to replication sites include on-site training, consultation, adaptation of model components, visits to the CCCPP model program, and a state SPECIALNET bulletin board on early childhood. The goal of outreach services is to facilitate the process of coordinated interagency services, especially in rural communities.

FEATURES AND PRODUCTS:

The project emphasizes interagency cooperation at both the direct service and administrative levels, with the public school as the lead agency. The interagency team consists of early childhood special educators, speech clinicians, occupational therapist, public health nurse, county social workers, Head Start representatives, parents, and other professionals as needed. The project has developed overview papers on program components, a series of videotapes on service delivery issues, and a guide on integration and mainstreaming in age appropriate settings. In 1986 the Clay County Coordinated Preschool Program was awarded First Place as a Program of Excellence for School-Community Partnerships by the Minnesota Rural Education Association.

* 10 sites are reported to be using components of the project's demonstration model.

Early Education Outreach Project

ADDRESS: Montana University Affiliated Program PHONE: (406) 243-5467
University of Montana
Missoula, Montana 59812

FISCAL AGENCY: University of Montana

DIRECTOR: Ted Maloney
OUTREACH SPECIALIST: Gordon Hollingshead
OTHER STAFF TITLES: outreach trainer, speech/language therapist

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Missoula School District No. 1.

DEMONSTRATION MODEL:

The Big Sky Model, developed for preschool services in rural/remote areas, is characterized by extensive parent involvement, flexible use of existing curricula, close association with existing community services, and systematic attention to the least restrictive environment. The model comprises five interrelated procedural components: 1) screening, individual assessment, and program planning; 2) center- and home-based service delivery; 3) program evaluation; 4) integrated parent and staff training; and 5) interagency collaboration. The first three components have been developed, validated, and implemented as an integrated system. The latter two components complement this system by optimizing delivery in rural areas. Seventeen children, age 3 to 6 years with a variety of handicapping conditions, are served in demonstration classrooms.

TARGET FOR OUTREACH SERVICES:

Training in replication of model components is provided to staff and parents at each replication site. Specialized training and technical assistance is provided to staff of other public schools, Head Start, day care, and family intervention agencies.

MAJOR OUTREACH SERVICES:

The project offers four levels of service. 1) Activities to promote awareness focus on preschool special education practices and demonstration model services. 2) Both project-developed products and products from other sources are distributed. 3) Specialized training and technical assistance is provided during on-site visits to local education agencies, aimed at developing specific staff skills and competencies or service delivery strategies. 4) Component replication involves intensive on-site training in the component(s) being adopted by a given site, at least one visit to the demonstration classroom, and ongoing assistance to the replication site.

FEATURES AND PRODUCTS:

Products include the Replication Site Users' Guide, the Big Sky Procedures Manual, Acceptance Is Only the First Battle booklet and videotape, and Some Facts on the Benefits of Early Education. The project also has developed an extensive computerized and printed listing of services in Montana, and will conduct, at no cost, a computer search for specific services.

* 20 sites are reported to be using components of the project's demonstration model.

AIM Outreach

Albuquerque Integration Model

ADDRESS: 3501 Campus Boulevard, N.E.
Albuquerque, New Mexico 87106

PHONE: (505) 266-8811

FISCAL AGENCY: Alta Mira Specialized Family Services, Inc.
(formerly Albuquerque Special Preschool)

DIRECTOR: Gail Chasey Beam
COORDINATOR: Mary Render
OTHER STAFF TITLES: integration specialists, speech pathologist, product development specialist, parent counselor, secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

New Mexico Health and Environment Department, Developmental Disabilities Bureau, United Way of Greater Albuquerque, and Alta Mira Specialized Family Services, Inc.

DEMONSTRATION MODEL:

The model offers a continuum of integrated placement options for children age 2 to 5 years, defined by the ratio of handicapped/nonhandicapped children, with mainstream placement as the goal. Intervention follows a team approach with parent involvement encouraged. The model uses Making Integration Work: A Teacher's Perspective, a project-developed curriculum guide.

TARGET FOR OUTREACH SERVICES:

Training and technical assistance will be provided to staff in local education agencies, regular preschools, and day care centers throughout the state where early intervention programs are starting up, or where there are long waiting lists for existing programs for 0-3 population. University-level courses and workshops are targeted to students in special education.

MAJOR OUTREACH SERVICES:

The project conducts awareness activities, develops and disseminates products, provides consultation and technical assistance, trains professionals, and promotes adaptation of the model at other sites.

FEATURES AND PRODUCTS:

Project staff will assist with implementing a state mandate to serve 3- and 4-year-old developmentally disabled children through public education. Products include Making Integration Work: A Teacher's Perspective; Criteria for Integrating/Mainstreaming Handicapped Children, a checklist of behaviors used with developmental assessments; Integration: A Handbook for Parents, (Spanish and Native American editions are available); Transition Package; A Complete Guide to Screening--A Component of Child Find; Brief Notes, a collection of papers that focus on the family; a Community Attitude Survey; Integrated Preschool Programs: Determining Costs and Other Considerations for Administration; Family Involvement and the Preschool Program; Reach Out, a quarterly newsletter; and educational videotapes on communication development, learning environments, play, sharing sensitive information, and dealing with differences. The project also has developed mainstreaming and assessment guidelines to assist the early childhood State Plan.

* 20 sites are reported to be using components of the project's demonstration model.

Regional Program for Preschool Handicapped Children

ADDRESS: Putnam/Northern Westchester BOCES
Projects Building
Yorktown Heights, New York 10598

PHONE: (914) 962-2377

FISCAL AGENCY: Putnam/Northern Westchester Board of Cooperative Educational Services

DIRECTOR: Carol S. Eagen
COORDINATOR: Amy Albers
OTHER STAFF TITLES: secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
New York State Department of Education and the county of the child's residence (under Section 236 of the Family Court Act).

DEMONSTRATION MODEL:
The model is characterized by parent involvement, integrated transdisciplinary intervention, and an interactive teaching process. A six-member team provides needs assessment, educational program planning, service delivery, and program coordination activities. Classroom intervention is designed to increase the child's verbal, perceptual, motor, and general cognitive skills through diagnostic/prescriptive teaching, language intervention, and positive reinforcement. Parents participate on the transdisciplinary team and have access to counseling, group meetings, home training, and other support services.

TARGET FOR OUTREACH SERVICES:
Teachers, aides, clinical specialists, and administrators of preschool programs in school districts, intermediate units, private agencies, and Head Start Centers will be trained to replicate key components of the model. Local and state agencies will be provided with consultation and support services.

MAJOR OUTREACH SERVICES:
The project provides awareness workshops, needs assessments for individual agencies, and specific training in model components.

FEATURES AND PRODUCTS:
The following materials are available from the project: The Curriculum Model for a Regional Demonstration Program for Preschool Handicapped Children; Preschool Project Manual; The Parent Volunteer System: A Manual and Activity Catalog for Teachers; Transdisciplinary Training, Assessment and Consultation Model, A Guide for Creating Community Awareness and Developing Interagency Cooperation; Parent Group Meetings -- Techniques and Topics; Preschool Play: Observation and Intervention; Transition Program -- Preparing for School; Long Range Effects of the Preschool Handicapped Program -- A Follow Up Study; and Summary of Program Accomplishments 1979-81.

* Over 300 sites are reported to be using components of the project's demonstration model.

Project SUNRISE

Systematic Use of Newly Researched Interventions by Special Educators

ADDRESS:	Western Carolina Center 300 Enola Road Morganton, North Carolina 28655	PHONE:	(704) 433-2661 433-2865

FISCAL AGENCY: Appalachian State University

DIRECTOR: Carl Dunst
COORDINATOR: Robin McWilliam
OTHER STAFF TITLES: educational consultant, project evaluator, office manager administrative assistant, administrative secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Western Carolina Center, with funds provided by the Department of Human Resources, Division of Mental Health, Mental Retardation, and Substance Abuse.

DEMONSTRATION MODEL:

The model focuses on classroom methodologies designed to increase and maintain children's levels of engagement. The model's cooperative preschool programs for handicapped children birth to age 6 years are operated by parents, with training and technical assistance provided by project staff. In each co-op one parent serves as classroom manager, responsible for organizing and implementing classroom activities. Other parents serve on teams, one for each of the two days each week that the co-ops are open. Training consists of specific skills in conducting classroom routines (circle, pretend play, snack, play activities, etc.) and applying interventions (e.g., incidental teaching, response-contingent instruction) in target behaviors (cup drinking, walking, two-word combinations, etc.).

TARGET FOR OUTREACH SERVICES:

On-site replication training will be provided to preschool administrators, professionals, paraprofessionals, parents, and volunteers in a 5-state region. Target programs include state departments of education, local school programs, existing preschool programs, and parent-initiated programs.

MAJOR OUTREACH SERVICES:

Outreach efforts emphasize program development and expansion through on-site, preservice, and inservice replication training. In addition, training, workshops, consultation, and technical assistance will be provided to professionals, paraprofessionals, students, and state agency personnel. The outreach effort will place a priority on programs for previously unserved rural children with severe or profound handicapping conditions.

FEATURES AND PRODUCTS:

The project's classroom management model represents a complete guide for developing, organizing, managing, operating, and evaluating classroom-based programs. Products include project descriptions; assessment materials; Classroom Environment for Handicapped Preschoolers: A Guide to Implementing Best Practices; checklists for training, classroom routines, intervention routines, and behavior monitoring; a slide presentation; a videotape on incidental teaching; and other publications.

* 69 sites are reported to be using components of the project's demonstration model.

Teaching Research Data-Based Classroom Inservice Model

ADDRESS: Todd Hall
345 North Monmouth Avenue
Monmouth, Oregon 97361

PHONE: (503) 838-1220
Ext. 401

FISCAL AGENCY: Oregon State System of Higher Education--Teaching Research

DIRECTOR: Joyce M. Peters
PROJECT ASSOCIATES: Torry Piazza Templeman and William Moore
OTHER STAFF TITLES: trainers

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Local and state funds.

DEMONSTRATION MODEL:
The model is a classroom-based behavioral program serving children age 13 months to 6 years with a variety of handicaps, including cerebral palsy, mental retardation, and autism. Children are assessed using the Teaching Research Placement Test. The project-developed curriculum is individualized and task-analyzed, and emphasizes self-help, motor, language, and cognitive skill development. Trained volunteers provide one-to-one instruction. Group instruction activities are conducted by an aide. Parent involvement is encouraged, and training is provided in conducting daily home programs which are coordinated with classroom instruction.

TARGET FOR OUTREACH SERVICES:
Replication efforts are directed to single or multiple classroom units within a local education agency, state educational agency, or other public or private agency.

MAJOR OUTREACH SERVICES:
Outreach services focus on four distinct activities: 1) awareness activities conducted at state and regional conferences and workshops for teachers and administrators; 2) training and technical assistance in model replication, including practicum-based training in a demonstration classroom, follow-up visits to the model site, and ongoing evaluation; 3) a second level of trainer training activities, also practicum-based, directed at establishing replication sites (satellite centers) with the capacity to provide training to others; and 4) assistance to state educational and other agencies in developing and implementing state early intervention services.

FEATURES AND PRODUCTS:
Project staff have produced the following publications: Training in the Teaching Research Data Based Classroom Model (available only with training); Teaching Research Curriculum for Moderately and Severely Handicapped; A Data-Based Classroom for Moderately and Severely Handicapped; Toilet Training the Handicapped Child; and a periodic newsletter. A satellite center to serve southern California will be established in Long Beach during 1987-88.

* 500 sites are reported to be using components of the project's demonstration model.

LEAP Outreach

ADDRESS: University of Pittsburgh
3811 O'Hara Street
Pittsburgh, Pennsylvania

PHONE: (412) 624-2012

FISCAL AGENCY: University of Pittsburgh

DIRECTOR: Phil Strain
COORDINATOR: Bonnie V. Jamieson
OTHER STAFF TITLES: training assistants, secretary

SOURCES OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Intermediate Unit; University of Pittsburgh, Department of Psychiatry; and National Institute of Mental Health.

DEMONSTRATION MODEL:
The model serves autistic-like and normally developing children, age 2 to 5 years, in an integrated program operating five days a week, 12 months a year, in a local public school. Developmental specialists provide individualized programming to 12 handicapped and 12 nonhandicapped preschoolers in two classrooms. Parents of the handicapped children participate in a training program designed to teach more effective skills for working with their child in school, home, and community settings. The model includes referral and screening, classroom instruction, parent involvement and training, and assistance in transition to future educational placement.

TARGET FOR OUTREACH SERVICES:
Replication training will be provided to staff of ongoing preschool programs. Eligible trainees may include teachers, aides, program administrators, and parents. Eligible replication sites include programs sponsored by state agencies, mental health agencies, universities, and other local and regional educational agencies.

MAJOR OUTREACH SERVICES:
Replication training includes a two-day needs assessment and a two-week training session at the replication site, which includes demonstration, practice, evaluation, and follow-up. Continued support includes a week-long training session at the new site, assistance with funding activities, data dissemination, and cost-effectiveness assessment. Three-month and six-month follow-up visits are scheduled to monitor implementation fidelity and child progress.

FEATURES AND PRODUCTS:
A special feature of the model is the systematic training method for normally developing children to interact successfully with their handicapped peers. Products include The TRIIC for Mainstreaming, a modular curriculum that links assessment to curricular content; and a two-module parent training curriculum, Generic Skill Training Module and Specific Skill Training Module.

* 20 sites are reported to be using components of the project's demonstration model.

Cognitive Early Education Project

ADDRESS: George Peabody College, Box 9
Vanderbilt University
Nashville, Tennessee 37203

PHONE: (615) 322-8380

FISCAL AGENCY: Vanderbilt University

DIRECTOR: H. Carl Haywood
COORDINATOR: Deborah L. Smith
OTHER STAFF TITLES: teaching training specialist, early education specialist child development specialist, classroom evaluation specialist, project assistant, secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Tennessee Department of Human Services (Title XX), Tennessee Department of Mental Health/Mental Retardation, Tennessee Conference of United Methodist Churches, and private donations.

DEMONSTRATION MODEL:

The model is designed to serve children between the ages of 3 and 6 years developmentally. The model has five components: 1) a mediational teaching method to help children interpret the meaning of experiences and extract basic principles; 2) seven formal curriculum units to enhance the development of specific cognitive processes; 3) behavior management; 4) parent training as educational mediators; and 5) supplemental services, such as speech and physical therapy, to augment the classroom program. The Cognitive Curriculum for Young Children is designed to teach the basic processes of thought, perception, learning, and problem-solving.

TARGET FOR OUTREACH SERVICES:

Outreach efforts are directed primarily at teachers, but also include administrators, psychologists, speech and language specialists, and other early education professionals.

MAJOR OUTREACH SERVICES:

The project disseminates information about cognitive education, trains teachers, consults with educators and administrators on model implementation, provides curriculum and curriculum support materials, coordinates an information network, and assists with program evaluation. Outreach is designed to extend the model to preschool education programs across the country, across kinds and degrees of handicap, and across types of agencies.

FEATURES AND PRODUCTS:

The Cognitive Curriculum for Young Children has seven sequentially arranged units that focus on acquisition of specific cognitive functions. Each unit also enhances the child's development of communication processes, task-intrinsic motivation, generalized representational thought, and knowledge accumulation. A parent educational manual also is available.

* 32 sites are reported to be using components of the project's demonstration model.

INSITE Outreach

ADDRESS: SKI*HI Institute
Utah State University UMC 9605
Logan, Utah 84322-9605

PHONE: (801) 752-4601

FISCAL AGENCY: Utah State University

DIRECTOR: Thomas C. Clark
COORDINATOR: Dorothy Jensen
OTHER STAFF TITLES: evaluator, product development specialist, trainers, deaf-blind specialist, disseminator

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
State legislature through Utah Schools for the Deaf and Blind.

DEMONSTRATION MODEL:
The project identifies and serves multihandicapped sensory-impaired, deaf multihandicapped, blind multihandicapped, deaf/blind multihandicapped, and severely multihandicapped children birth to age 6 years, and their families. A trained Parent Advisor visits the home for one hour a week to provide parents with training and support. The project has the following components: 1) a communication program; 2) a parent discussion program, including hearing, vision, hearing aid and auditory programming; 3) a developmental program; and 4) program management. The provision of extensive support services to parents is an essential part of the program.

TARGET FOR OUTREACH SERVICES:
Organizations receiving outreach services include state educational agencies, schools for the deaf and blind, Title VI C projects, regional educational agencies, and independent service agencies.

MAJOR OUTREACH SERVICES:
Project INSITE conducts two on-site workshops for each adoption site, with a pre-training planning and assistance conference the day before the first workshop, and a post-training consultation, review, and "next steps" planning conference at the second workshop. Project staff also offer awareness activities, conduct conferences, develop curricular materials, disseminate information, offer on-site technical assistance, and evaluate programs through a nationwide data bank.

FEATURES AND PRODUCTS:
INSITE Outreach is one of four components comprising the SKI*HI Institute at Utah State University. The project has developed curriculum manuals on parent discussions, communication, developmental skills, and intervention; a training package for Certified Trainers; a home visit videotape; a handbook on developing sign communication with the multihandicapped sensory-impaired child; and a training package for Parent Advisors. The project has eight statewide and 94 regional adoptions.

* 102 sites are reported to be using components of the project's demonstration model.

MAPPS

Multi-Agency Project for Preschoolers

ADDRESS: Developmental Center for
Handicapped Persons
Utah State University
Logan, Utah 84322-6850

PHONE: (801) 750-2000

FISCAL AGENCY: Developmental Center for Handicapped Persons
Utah State University

DIRECTOR: Glendon Casto
COORDINATOR: Adrienne Peterson
OTHER STAFF TITLES: physical therapist, speech pathologist, child development specialist

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Utah Division of Services for the Handicapped.

DEMONSTRATION MODEL:

The project is a home- and center-based intervention program serving delayed and at-risk children birth to age 5 years. Although originally designed for use in rural and remote areas where intervention services are not readily available, the MAPPS model also has been used successfully in urban areas.

TARGET FOR OUTREACH SERVICES:

Outreach services for replicating the MAPPS model are directed to newly developed programs for handicapped infants and preschoolers, Head Start programs, Native American preschool programs, programs for adolescent mothers and their infants, and family support centers on selected military bases.

MAJOR OUTREACH SERVICES:

The project provides technical assistance and training in assessment, curriculum and program planning, major areas of child development, development of individualized education plans, and various other topics. Project staff administer standardized and criterion-referenced pre- and post-tests, including the Battelle Developmental Inventory, Bayley Scales of Infant Development, Peabody Picture Vocabulary Test, and the Visual Motor Integration Test.

FEATURES AND PRODUCTS:

MAPPS has developed the Curriculum and Monitoring System (CAMS). This intervention curriculum in the areas of cognitive skills, receptive and expressive language, motor skills, self-help skills, and social-emotional development includes criterion-referenced tests for each domain and a task-analyzed curriculum which can be used by parents, paraprofessionals, and teachers. The CAMS curriculum materials and tests are available for purchase.

* 60 sites are reported to be using components of the project's demonstration model.

SKI*HI Outreach

ADDRESS: SKI*HI Institute
Utah State University UMC 9605
Logan, Utah 84322-9605

PHONE: (801) 750-4601

FISCAL AGENCY: Utah State University

DIRECTOR: Thomas C. Clark
COORDINATOR: Roselee McNamara
OTHER STAFF TITLES: training and technical assistance coordinators, evaluation and program development coordinator

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
State Legislature through Utah Schools for the Deaf and Blind.

DEMONSTRATION MODEL:

Project SKI*HI is a comprehensive home intervention model for hearing-impaired children birth to age 5 years and their families. The model has three main components: 1) child identification and processing and program management; 2) direct services to families in communication, auditory and language programs and procedures; and 3) ongoing audiological, hearing aid, parent group, and psychological support services. The home visit curriculum is conducted by professional parent advisors through weekly home visits.

TARGET FOR OUTREACH SERVICES:

Project SKI*HI conducts on-site training for direct service staff as well as administrators, program coordinators, and support personnel in local, regional, or state agencies. The project also works with National Diffusion Network state facilitators to enable educational agencies nationwide to become aware of and adopt or adapt the model.

MAJOR OUTREACH SERVICES:

The project conducts seven days of training through two on-site workshops for each adoption site, with a pre-training planning and assistance conference the day before the first training workshop and a post-training consultation, review, and "next steps" planning conference at the second workshop. Project staff also offer awareness activities, conduct conferences, develop curricular materials, train, disseminate information, offer on-site technical assistance, and evaluate programs through a nationwide data bank.

FEATURES AND PRODUCTS:

Project SKI*HI was the first of four components that now comprise the SKI*HI Institute at Utah State University. The project has developed instructional, evaluation, and training materials for use in home intervention for the hearing-impaired, in the form of manuals, slides, audiotapes, and videotapes. Among these are SKI*HI Home Visit Curriculum Manual, Home Total Communication Videotapes, Developing Cognition in Young Hearing-Impaired Children, and the]SKI*HI Language Development Scale. The SKI*HI Institute also conducts a biennial National Summer Conference and annual regional conferences, and publishes a SKI*HI Network newsletter.

- * 172 sites are reported to be using components of the project's demonstration model.

Social Integration Project

ADDRESS: Developmental Center for
Handicapped Persons
Utah State University
Logan, Utah 84322-6805

PHONE: (801) 750-1991

FISCAL AGENCY: Utah State University

DIRECTOR: Sarah Rule
COORDINATOR: Patricia M. Killoran
OTHER STAFF TITLES: project trainer, special education teachers

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Department of Social Services, Division of Services to the Handicapped.

DEMONSTRATION MODEL:

The model is designed to integrate handicapped children age 2 to 5 years into early education sites. The children served have a variety of handicapping conditions, including developmental delays, behavior disorders, cerebral palsy, and speech and language problems. Model components include: 1) service delivery, including child find, screening, assessment, educational program development, liaison with specialists, and classroom management; 2) basic developmental skill building; 3) Let's Be Social, a 26-unit social skills training curriculum; 4) home support; and 5) microsession training to transfer instruction from teachers to other personnel, including aides and parents.

TARGET FOR OUTREACH SERVICES:

The project offers on-site staff training to both full-model replication sites and sites implementing individual model components. Target sites include existing early education centers serving general preschool and kindergarten population, Head Start centers, day care centers, and early intervention agencies. The project also provides training, technical assistance and program development assistance to state agencies.

MAJOR OUTREACH SERVICES:

The project provides training, retraining, technical assistance and follow-up to early education sites. Assistance is also provided to state agencies and state directors of special education. Workshops, follow-up, training and information are provided either on-site or through a telecommunications system.

FEATURES AND PRODUCTS:

The project has developed Let's Be Social, a social skills curriculum; the Let's Be Social Home Program; the Microsession Training and Transfer Workshop; the Basic Skills Manual; and the Coincidental Teaching Manual. The social skills programs are disseminated through a catalog distribution system. The other products are distributed with training workshops.

* 63 sites are reported to be using or to have used components of the project's demonstration model.

Hampton University Mainstreaming Outreach Services

ADDRESS: Hampton University
Hampton, Virginia 23668

PHONE: (804) 727-5751

FISCAL AGENCY: Hampton University

CO-DIRECTORS: James B. Victor and Evelyn Reed-Victor
OTHER STAFF TITLES: outreach training specialists, secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Hampton University.

DEMONSTRATION MODEL:

The project integrates mildly to moderately handicapped children age 22 months to 6 years with their nonhandicapped peers. Individualized and culturally appropriate educational objectives are incorporated into the daily classroom routine. The mainstreaming teacher provides resource services within the classroom, consultation in team planning sessions, and support in transition. Parents are active members of the team and participate according to individual needs and interests.

TARGET FOR OUTREACH SERVICES:

Outreach services are directed to the staff of community preschool programs, Head Start, and preschool and primary programs in the public schools.

MAJOR OUTREACH SERVICES:

Training specialists help sites assess needs and provide appropriate training programs (workshops, classroom demonstrations, on-site consultations, summer institutes, courses for college or continuing education credit, and practicum experiences). Classes on mainstreaming young handicapped children are taught throughout the state. Project staff are involved in the Virginia Association for First Chance Projects, Virginia Division for Early Childhood, and the Virginia State Planning Grant Advisory Group.

FEATURES AND PRODUCTS:

Products include awareness materials and such training materials as Beyond Yes or No: Vulpe Performance Analysis Scale, Resources ... in the Classroom, Very Important Preliminary Steps for Mainstreaming, Cultural Diversity Awareness Inventory, Social Interaction Assessment, Observation of Mainstreaming Readiness, Side by Side: Resource and Classroom Teachers, Planning for Transition, and Collaborative Steps: Head Start and the Public Schools Working Together. Two videotapes [Cultural Diversity Awareness in Early Childhood and Integrating IEP Objectives in the Daily Classroom Routine) are currently being developed.

* 28 sites are reported to be using components of the project's demonstration model.

CDR Outreach

Child Development Resources

ADDRESS: Child Development Resources
P.O. Box 299
Lightfoot, Virginia 23090

PHONE: (804) 565-0303

FISCAL AGENCY: Williamsburg Area Child Development Resources, Inc.

EXECUTIVE DIRECTOR: Corrine W. Garland
PROJECT DIRECTOR: Sharon E. Kiefer
OTHER STAFF TITLES: training consultants, secretary/bookkeeper

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Mental Health and Mental Retardation Community Services Board, United Way, private contributions, and fees.

DEMONSTRATION MODEL:

The CDR Parent-Infant Program serves handicapped and developmentally delayed children birth to age 2 years and their families in a two-city, two-county rural area of Virginia. The goal is to assist families in enhancing the development of their children and in preventing or ameliorating the effects of handicapping conditions. CDR uses a transdisciplinary approach, with parents serving as team members, and offers a combination of home- and center-based activities for children and families. Components of the model include child find; transdisciplinary service model of assessment, staffing, and program planning; developmental day care; and clinical consultations.

TARGET FOR OUTREACH SERVICES:

Outreach services are directed to state agencies responsible for planning and implementing programs for infants and toddlers. In such states the project also works with local service programs in the public schools and public and private agencies (e.g., Mental Health/Mental Retardation and Developmental Disabilities) that are tied into state accountability systems. Services to local programs focus on putting together a comprehensive service delivery system consistent with the State Plan and federal and state law.

MAJOR OUTREACH SERVICES:

The project provides technical assistance to state agencies based on individual needs assessment. A week-long core training program is offered to adaptation/replication sites with continued technical assistance based on assessed needs. Competency-based training is available to established programs.

FEATURES AND PRODUCTS:

CDR plays a leadership role in the Virginia Association of First Chance Projects, the Association of Virginia Infant Programs, statewide committees involved in interagency program planning for young children, the Rural Network, and INTERACT. Materials available include Skills Inventory for Parents, a system of measuring change in parental skills; Skills Inventory for Teachers, a system of evaluating skills of home-based early intervention personnel; Teaching Activities for Parents, 450 activities for infants birth to age 2 years (commercially available from Kaplan Press as Early Learning Activities); and Virginia: Early Intervention Program Guide.

* 42 sites are reported to be using components of the project's demonstration model.

Fathers Program Outreach

ADDRESS: Merrywood School for Disabled Children
16120 N.E. 8th Street
Bellevue, Washington 98008

PHONE: (206) 747-4004

FISCAL AGENCY: The Merrywood School for Disabled Children

DIRECTOR: Maxine Siegel
COORDINATOR: James E. May
OTHER STAFF TITLES: administrative secretary, evaluation consultant, dissemination consultant, programmer/analyst

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Private donations, Merrywood School general funds, registration fees, and reimbursement from state Developmental Disabilities bureau.

DEMONSTRATION MODEL:

The Fathers Program focuses on the interests and concerns of fathers of children, birth to age 5 years, with special needs. Fathers and children attend Saturday morning programs that provide a combination of education, father-child interaction, and peer support for fathers. Features include a Fathers Forum, play-group activities, and guest speakers who discuss topics chosen by participants. The program is co-facilitated by two men: the father of a child with special needs and a special education teacher.

TARGET FOR OUTREACH SERVICES:

Awareness activities will be directed to center-based and hospital-based early intervention programs, developmental disability centers, public schools, community mental health centers, the Association of Retarded Citizens, and other community programs. A minimum of twelve replication sites will receive training and technical assistance.

MAJOR OUTREACH SERVICES:

Project staff provide training in how to plan, organize, and produce programs for fathers of children with special needs. Training and technical assistance are provided at field sites and at the demonstration model site. The project will evaluate the effectiveness of outreach efforts in meeting program objectives through pre-/post-testing, agency staff feedback and external review. Impact of outreach activities on parents is assessed using the Beck Depression Inventory, Inventory of Parents' Expectations, Questionnaire on Resources and Stress (revised), and Fathers Program Survey.

FEATURES AND PRODUCTS:

The University of Washington Press has published A Handbook for the Fathers Program: How to Organize a Program for Fathers and Their Handicapped Children. Focus on Fathers, a quarterly newsletter prepared and disseminated by the project, outlines programs and services for fathers of children with special needs. Project staff also provide programs and develop materials for siblings and grandparents and conduct "Fathers Only" workshops at regional and national parent conferences.

- * 39 sites are reported to be using components of the project's demonstration model.

ECHI

Early Childhood Home Instruction

ADDRESS: Experimental Education Unit
University of Washington WJ-10
Seattle, Washington 98195

PHONE: (206) 543-4011

FISCAL AGENCY: University of Washington

DIRECTOR: Marie Thompson
COORDINATORS: Laurene Burton and Susan Vethivelu
OTHER STAFF TITLES: information specialist, secretary, consultants

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

Office of the Washington State Superintendent of Public Instruction, Department of Social and Health Services (DSHS), and private funding sources.

DEMONSTRATION MODEL:

The model provides home-based instruction for hearing-impaired children, birth to age 3 years, and their families, many of whom reside in rural areas. Some of these children also have other handicapping conditions. Weekly home visits focus on training parents to facilitate their child's language acquisition through use of signed English, amplification, auditory training of the child's residual hearing, and facilitating development of cognitive skills. At the weekly classroom/parent group, parents attend topical presentations while children receive classroom training. Services are coordinated with the child's receiving educational agency to ensure a smooth transition to an appropriate program at age 3 years. Ongoing and summative evaluations of child progress are conducted through pre- and post-tests and weekly progress checks. Parental competencies and satisfaction are assessed.

TARGET FOR OUTREACH SERVICES:

Outreach training will be provided to public school personnel, early childhood specialists, and staff of a center for the deaf and hard-of-hearing in Washington State. Plans are underway to extend services to community service centers, developmental centers, and educational service districts.

MAJOR OUTREACH SERVICES:

Training in replication of the ECHI model includes an initial workshop at ECHI's administrative site; periodic on-site training; and a final workshop to provide follow-up training and planning of post-outreach services.

FEATURES AND PRODUCTS:

Birth to Three, a curriculum developed specifically for hearing-impaired infants and their families, is used by the demonstration and replication sites. All replication sites are requested to evaluate the curriculum to provide input for revisions. The project provides a counselor trained to work with hearing-impaired children and their families; a sign language instruction program on videocassette, with VCR equipment available on loan; and a library of resource materials for parents. ECHI Parent Trainers receive inservice training in early childhood development, informal counseling techniques, and family dynamics. Sign language instruction for parents and parent trainers is provided by a certified interpreter.

* 3 sites are reported to be using components of the project's demonstration model.

Model Preschool Outreach Project

ADDRESS: Experimental Education Unit
University of Washington WJ-10
Seattle, Washington 98195
PHONE: (206) 543-4011

FISCAL AGENCY: University of Washington

DIRECTOR: Rebecca R. Fewell
COORDINATORS: Kirsten Hawkes and Patricia Oelwein
OTHER STAFF TITLES: dissemination specialist, research coordinator/programmer, secretary

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:

For the Communication Model, two local school districts. For the Down Syndrome/Developmental Delay Model, the Division of Developmental Disabilities, county social and health services, a local school district, and a church.

DEMONSTRATION MODEL:

The Communication Model serves children age 3 to 12 years who have or are at risk for communication disorders. Intervention takes place in resource and regular education classrooms, with nonhandicapped children participating. The model provides systematic instruction in communication and language to modify deficiencies identified through assessment and observation. Child progress is measured by the Peabody Picture Vocabulary Test, Sequenced Inventory of Communication Development, and Expressive One Word Picture Vocabulary Test.

The Down Syndrome Model serves children birth to age 5 years who have or are at risk for developmental delays. Handicapping conditions include Down Syndrome, cerebral palsy, and health or sensory impairments. Intervention takes place in home- or center-based classrooms. Nonhandicapped children participate. Child success and parent/professional collaboration are stressed. The curriculum, the Developmental Sequence Performance Inventory addresses gross and fine motor, cognitive, communication, and social/self-help skills. Assessment instruments include the Classroom Assessment of Developmental Skills, Battelle Developmental Inventory, Bayley Scales of Infant Development, Peabody Motor Scales, and Sequenced Inventory of Communication Development.

TARGET FOR OUTREACH SERVICES:

Services are available to public and private schools, early childhood centers, and other agencies serving young children with disabilities, such as education service districts and university-based model classrooms.

MAJOR OUTREACH SERVICES:

The project offers field-based and center-based training, technical assistance, instructional materials, and follow-up assistance as requested.

FEATURES AND PRODUCTS:

Both models have been replicated throughout the United States. The Down Syndrome Model also has been replicated in several foreign countries, and the DSPI has been translated into Spanish, Italian, and Japanese.

* Over 175 sites are reported to be using components of the Communication Model; over 400 sites are reported to be using components of the Down Syndrome Model.

PEPSI/WVECC

Providing Educational Programs to Special Infants/ West Virginia Early Childhood Consortium

ADDRESS: Summit Center for Human Development
6 Hospital Plaza
Clarksburg, West Virginia 26301
PHONE: (304) 623-5661

FISCAL AGENCY: Summit Center for Human Development

DIRECTOR: Lynn Jones
OTHER STAFF TITLES: screening technical assistance trainer, intervention technical assistance trainer, outreach trainers, evaluation consultant, physical therapist, speech therapist, teachers

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM:
Summit Center for Human Development.

DEMONSTRATION MODEL:

The model serves children birth to age 5 years who are at-risk or have developmental disabilities due to developmental, socioeconomic, environmental, and psychological factors. Model efforts center on three areas: early detection and intervention during the prenatal period with parents considered psychosocially at-risk; neonatal screening for aberrant parent-infant interactions; and postnatal intervention for at-risk and developmentally delayed infants and parents. An individual education plan is developed for each parent and child, based on the project-developed, computer-based PEPSI curriculum. The project conducts regular assessment of child development, parent-child interaction and parent effectiveness; provides transition services and interdisciplinary staffings to public school settings; and parent training clinics.

TARGET FOR OUTREACH SERVICES:

Outreach services focus on Chapter I and Developmental Disabilities Planning Council early intervention programs in a four-county satellite area. Others served include infant/preschool programs in the public schools and other early childhood projects.

MAJOR OUTREACH SERVICES:

Outreach services are provided by the West Virginia Early Childhood Consortium, formed by PEPSI in collaboration with two other early intervention programs. Technical assistance covers program start-up, screening and referral, use of the PEPSI curriculum, parent training, services for infants in intensive care, family support services, and program evaluation methods. Student practicum-internship training for undergraduate nursing and special education and psychology graduate students will be provided.

FEATURES AND PRODUCTS:

The project offers screening services and trains family physicians to incorporate at-risk screening as standard procedure. The project has developed screening instruments to be used in prenatal and neonatal hospital settings, and a computer-based curriculum for parents and infants. The project also publishes a newsletter.

* 4 sites are reported to be using components of the project's demonstration model.

Alabama

TYPE OF GRANT:	state plan grant (development phase)		
DIRECTOR:	Sheree Litchfield	PHONE:	(205) 261-5099
STATE PLAN GRANTEE ADDRESS:	Alabama Department of Education Program for Exceptional Children and Youth 1020 Monticello Court Montgomery, Alabama 36117		
SPECIALNET USER NAME:	ALSE		
FISCAL AGENCY:	Alabama Department of Education		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Anne Ramsey	PHONE:	(205) 261-5099

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 6 to 21 years.
Permissive: age 5 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:
- To expand awareness of the needs of preschoolers.
- To develop a State Plan for a comprehensive service delivery system (CSDS) for young handicapped and at-risk children.
- To establish local-level advisory committees that will design and implement local needs assessments as part of development of the CSDS.

INTERAGENCY COMPONENT:

A State HCEEP Advisory Panel is divided into subcommittees to address issues related to components of the CSDS. A subcommittee on interagency collaboration will develop procedures to pilot local collaboration models at two sites. The Interagency Collaborative Council of State Agency Directors is responding to recommendations from the advisory panel.

FEATURES AND PRODUCTS:

Alabama is making plans for and developing a statewide tracking system. A central registry of information on programs/services has been developed and will be computerized in 1987. In addition, a Speakers Bureau and a public information packet is being developed. State Plan Grant staff are also refining and revising the needs assessment, and they are developing strategies for personnel preparation.

Alaska

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Christine Niemi PHONE: (907) 465-2970

COORDINATOR: Karen Lamb PHONE: (907) 277-1651

STATE PLAN GRANTEE ADDRESS:
Office of Special Services
Alaska Department of Education
P.O. Box F - State Office Building
Juneau, Alaska 99811

SPECIALNET USER NAME: AK.SE (Department of Education - Juneau)

FISCAL AGENCY:
Alaska Department of Education
Division of Educational Program Support

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: William S. Mulnix PHONE: (907) 465-2970

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 21 years.
Permissive: birth through age 2 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To eliminate gaps in data collection so that the following are included: 1) data concerning the number of handicapped children birth to age 5 years served in programs statewide; and 2) data concerning fiscal resources available to provide a comprehensive service delivery system (CSDS) for handicapped children birth to age 5 years.
- To develop a State Plan for a CSDS.
- To disseminate information about the State Plan Grant and services available for handicapped children birth to age 5 years.
- To develop an evaluation plan for the State Plan Grant and CSDS.

INTERAGENCY COMPONENT:

An interagency steering committee provides policy direction and guidance to project staff. The committee includes members from the Department of Education, the Department of Health and Social Services, the Department of Community and Regional Affairs, and the Governor's Council for Handicapped and Gifted. Project staff work for both the Department of Education and the Department of Social Services. An interagency planning group meets twice a year. Interagency task forces work on special issues and projects.

FEATURES AND PRODUCTS:

By the end of 1987, development of the preliminary Early Childhood State Plan for a CSDS will be complete. Alaska also will complete a child count and a report on fiscal resources for early childhood services.

American Samoa

TYPE OF GRANT:	state plan grant (development phase)
DIRECTOR:	Linda L. Avegalio PHONE: 011 (684) 633-4789 633-1323
STATE PLAN GRANTEE ADDRESS:	American Samoa Department of Education Special Education Division American Samoa Government, Box 434 Pago Pago, American Samoa 96799
FISCAL AGENCY:	American Samoa Department of Education Division of Special Education
ADMINISTRATIVE AGENCY:	same
PERIOD OF FUNDING:	1986-87
STATE DIRECTOR OF SPECIAL EDUCATION:	Jane J. French PHONE: 011 (684) 633-4789 633-1323

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a State Plan that provides a comprehensive delivery system for special education and related services to handicapped children birth to age 5 years.
- To improve and expand the services available to handicapped children and their families.
- To develop and implement a model project for 5-year-olds that screens and serves children at risk for or suspected of having mild developmental delays.

INTERAGENCY COMPONENT:

A State Plan Development Committee will be established, with representatives from the Departments of Education and Health, the Developmental Disabilities Planning Council, and parents.

FEATURES AND PRODUCTS:

Operational criteria for determining at-risk eligibility will be developed in order to pilot a Model Kindergarten Project for at-risk and mildly handicapped five-year-olds. The model will include screening, assessment, a model curriculum and skills test, and personnel training.

Arizona

TYPE OF GRANT:	state plan grant (planning phase)		
DIRECTOR:	Sara Robertson	PHONE:	(602) 255-3183
PROJECT SPECIALIST:	Jo Ann Woodley	PHONE:	(602) 255-3183
STATE PLAN GRANTEE ADDRESS:	Special Education Section State Department of Education 1535 West Jefferson Phoenix, Arizona 85007		
SPECIALNET USER NAME:	ARIZONASSES		
FISCAL AGENCY:	Arizona Department of Education Special Education Section		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Diane Peterson	PHONE:	(602) 255-3183

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: age 5 to 21 years.
Permissive: age 3 to 5 years (in seven specific handicapping categories).

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To plan and develop a comprehensive service delivery system (CSDS) for children birth through age 2 years that focuses on children in unserved geographical areas and in areas where waiting lists exist.
- To develop identification and referral procedures for children birth through age 2 years to ensure coordination of medical and educational services.
- To continue a study of Title VI-B discretionary and state-funded preschool programs in public schools for children age 3 to 5 years.
- To create a technical assistance network for parent groups at state, regional, and local levels to promote awareness and training.

INTERAGENCY COMPONENT:

The state departments of education and developmental disabilities formed an interagency agreement to promote development of a CSDS for children birth through age 2 years. An advisory committee, representing the State Health System for Newborns, Head Start, RAP IV, state universities, Pilot Parents, and other related federal projects, is working toward increased coordination and interagency collaboration.

FEATURES AND PRODUCTS:

Reports will include Phase I of an efficacy study addressing programming, costs, placement of children, follow-up data, and parent information. Results of a needs assessment for children birth through age 2 years will be collected and summarized. An information brochure for parents will be completed.

Arkansas

TYPE OF GRANT:	state plan grant (development phase)		
DIRECTOR:	Marcia A. Harding	PHONE:	(501) 371-1686
COORDINATOR:	Mary Kaye Curry	PHONE:	(501) 371-1686
STATE PLAN GRANTEE ADDRESS:	Arkansas Department of Education Special Education Section # 4 Capitol Mall, Room 105-C Little Rock, Arkansas 72201		
SPECIALNET USER NAME:	AR.SE		
FISCAL AGENCY:	Arkansas Department of Education Special Education Section		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Diane Sydoriak	PHONE:	(501) 371-2161

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: age 5 to 21 years; compulsory attendance age 7 through 16 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To establish a comprehensive state plan for educating and providing services to handicapped children age 3 to 5 years and their families.
- To establish interagency agreements regarding state plan development, and to support the provision of services to children birth through age 2 years who are at risk for handicapping conditions.
- To institute model projects that address the inadequacies identified in the current service delivery system.
- To provide a process for ongoing review and evaluation of the state's comprehensive service delivery system (CSDS).

INTERAGENCY COMPONENT:

A multiagency committee is developing a state plan based on the results of the service needs assessment and five regional conferences. The planning committee consists of representatives from the Arkansas Departments of Education, Health, and Human Services; the state legislature; Head Start; parents; private agencies; Arkansas Children's Hospital; Arkansas University; Arkansas Coalition for the Handicapped; and public schools.

FEATURES AND PRODUCTS:

Arkansas will fund model projects that address specific components of a service system. Based on needs assessment results, models will focus on child identification, parent/guardian involvement, service delivery, and public awareness. In addition, State Plan Grant staff are working to secure enabling legislation for the expansion of services to young children with handicaps.

California

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Betsy Qualls PHONE: (916) 323-4762

COORDINATOR: Doug McDougall PHONE: (916) 322-8412

STATE PLAN GRANTEE ADDRESS:
California Department of Education
Office of Special Education
721 Capitol Mall
Sacramento, California 95814

SPECIALNET USER NAME: CA.SE

FISCAL AGENCY:
California Department of Education
Office of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Patrick Campbell PHONE: (916) 323-4768

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: age 3 years for those requiring intensive special education and services; birth to age 3 years for those requiring intensive special education and related services in local education agencies that offered a program in 1980-81.

Permissive: birth to age 3 years for those requiring intensive special education and related services in local education agencies that did not offer a program in 1980-81.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a comprehensive service delivery system through enhanced state and local interagency and intra-agency coordination.
- To conduct needs assessments for infants and preschoolers and to study personnel needs and funds required for full services.
- To refine and expand administrative, management and evaluation systems.
- To promote public awareness of and support for early intervention.

INTERAGENCY COMPONENT:

Collaboration exists between major state organizations and planning groups through the activities of the Child Development Programs Committee, California First Chance Consortium, and several task forces. Coordination is planned with related grants, an intra-departmental early education task force, and groups outside the state that impact on grant activities.

FEATURES AND PRODUCTS:

The advisory committee will plan four to six 2-day meetings. Reports will deal with eligibility for services, collaborative models, current services, and reviews of laws and regulations. An evaluation/feedback tool and information/media packets will be produced. An "awareness week" will encourage interagency participation by state and local education agencies.

Colorado

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Elizabeth Soper PHONE: (303) 866-6710

COORDINATOR: Nancy Sievers PHONE: (303) 866-6710

STATE PLAN GRANTEE ADDRESS:
Colorado Department of Education
Special Education Services
201 East Colfax Avenue
Denver, Colorado 80203

SPECIALNET USER NAME: CO.SE

FISCAL AGENCY:
Colorado Department of Education
Special Education Services

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Brian A. McNulty PHONE: (303) 866-6694

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 21 years.
Permissive: birth to age 5 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To initiate a coordinated interagency planning process with all responsible state agencies for the purpose of developing and implementing a comprehensive system of early intervention services, including services needed during the prenatal period.
- To determine which aspects of a comprehensive system of services are in place and which alternative services are needed.
- To develop a process that will establish needed services with parental input and assure continuing assessment and diagnosis.
- To create a system for identifying and providing appropriate personnel preparation and training.
- To disseminate information throughout the state on available services and planning efforts.

INTERAGENCY COMPONENT:

Interagency focus will be coordinated through a state steering committee. Special emphasis will be placed on coordination with other federal special education grants and with state regional assistance teams working at the local level.

FEATURES AND PRODUCTS:

Project activities will be carried out by the project director, the Central Steering Committee, several task forces, and consultants.

Connecticut

TYPE OF GRANT:	state plan grant (planning phase)
DIRECTOR:	Virginia Volk PHONE: (203) 566-6585
STATE PLAN GRANTEE ADDRESS:	Connecticut Department of Education Bureau of Curriculum Division of Curriculum & Professional Development P.O. Box 2219 Hartford, Connecticut 06145
SPECIALNET USER NAME:	CONNECTICUTBSS
FISCAL AGENCY:	Connecticut Department of Education Bureau of Curriculum Division of Curriculum & Professional Development
ADMINISTRATIVE AGENCY:	same
PERIOD OF FUNDING:	1986-87
STATE DIRECTOR OF SPECIAL EDUCATION:	Tom B. Gillung PHONE: (203) 566-4383

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: age 3 (by January 1 of school year) to 21 years.
Permissive: birth to age 3 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To assess needs of children under age 3 years and their families.
- To appoint a committee to plan interagency services.
- To study interagency service delivery systems in other states.
- To intensify state- and local-level collaborative efforts and recommend management and administrative roles for public and non-public agencies.
- To recommend to state agencies a multiagency service plan that includes policy, standards, and funding components.
- To recommend a plan for training families, caretakers, and professionals at state and local levels.
- To promote public awareness about early intervention services.

INTERAGENCY COMPONENT:

A study committee, made up of representives from public and private organizations and institutions, has presented its recommendations. The heads of nine state agencies meet regularly to plan a comprehensive interagency service delivery system. The nine commissioners have signed an interagency agreement, and each has appointed one staff member to the Interagency Work Group (IWG). Grant activities are coordinated with offices for the blind and child daycare, and with other federal education and research grants.

FEATURES AND PRODUCTS:

Staff will participate in a pilot project on Collaborative School-Based Child Health Services that enables schools to be reimbursed for some health services. This program will be extended to include the Birth-to-Three group, and will be coordinated with Preschool Incentive Grant and Child Find activities.

Delaware

TYPE OF GRANT:	state plan grant (planning phase)	
DIRECTOR:	Carl M. Haltom	PHONE: (302) 736-5471
COORDINATOR:	Barbara E. Humphreys	PHONE: (302) 736-4667
STATE PLAN GRANTEE	Delaware Department of Public Instruction Townsend Building P.O. Box 1402 Dover, Delaware 19903	
SPECIALNET USER NAME:	DE.SE	
FISCAL AGENCY:	Delaware Department of Public Instruction Exceptional Children/Special Programs Division	
ADMINISTRATIVE AGENCY:	same	
PERIOD OF FUNDING:	1986-87	
STATE DIRECTOR OF SPECIAL EDUCATION:	Carl M. Haltom	PHONE: (302) 736-5471

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: from birth for deaf, blind, deaf/blind, and autistic; age 3 to 21 years for mentally retarded and orthopedically impaired; age 4 to 21 years for all other handicaps.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To assess service needs and design an Early Childhood State Plan.
- To establish a planning committee that represents public and private service providers, parents, and advocacy groups.
- To secure administrative commitment for services and resources.
- To identify duplications and omissions in program standards among public and private service agencies.
- To implement a computerized child tracking system and data-based management system to serve public and private programs.
- To establish standards for service delivery.
- To promote public awareness about services and to train professionals, caretakers, and families at state and local levels.
- To create linkages with other states and relevant groups.

INTERAGENCY COMPONENT:

The planning committee includes state directors of public health, mental health, mental retardation, developmental disabilities, and private agencies. Grant activities will be coordinated with P.L. 94-142 and its projects, including the Preschool Incentive Grant and Project Issues.

FEATURES AND PRODUCTS:

The Urban Affairs Department of the University of Delaware assists with the needs assessment. A tracking system will be validated statewide to obtain data, spot gaps in service, and follow numbers of children served.

District of Columbia

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Maureen Thomas PHONE: (202) 724-4019

COORDINATOR: Jacquelyn Jackson PHONE: (202) 724-2141

STATE PLAN GRANTEE ADDRESS:
Early Childhood State Planning Project
Division of Special Education
District of Columbia Public Schools
10th & H Streets, N.W.
Washington, D.C. 20001

SPECIALNET USER NAME: DC.SE

FISCAL AGENCY: District of Columbia Public Schools

ADMINISTRATIVE AGENCY:
Division of Special Education
District of Columbia Public Schools

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Doris A. Woodson PHONE: (202) 724-7018

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop and secure approval for a statewide philosophy, mission statement, and program administration model for the Early Childhood State Plan (ECSP).
- To draft interagency agreements that address the identified gaps and duplications in the comprehensive service delivery system (CSDS) for handicapped and at-risk children, birth to age 3 years.
- To design a computerized tracking system for handicapped and at-risk children, birth to age 3 years.
- To develop program activities that address identified gaps and duplications in service delivery.
- To develop an information network system for families, policymakers, professionals, and the general public.

INTERAGENCY COMPONENT:

The Department of Education will obtain collaborative agreements with the Commissions of Public Health and Social Services, the Department of Recreation, Head Start, and the Office of Latino Affairs. The ECSP Grant Advisory and Steering Committees, comprising representatives from state and local agencies and parents, will assist grant staff in an administrative capacity.

FEATURES AND PRODUCTS:

Among the grant's products is a structure for a statewide tracking system for handicapped and at-risk children, birth to age 3 years, designed in collaboration with the Preschool Incentive Grant, the Developmental Disabilities Planning Council, and the Commission on Public Health.

Florida

TYPE OF GRANT:	state plan grant (development phase)		
DIRECTOR:	Landis Stetler	PHONE:	(904) 488-2054
COORDINATOR:	Patricia Hollis	PHONE:	(904) 488-5582
STATE PLAN GRANTEE ADDRESS:	Florida Department of Education Bureau of Education for Exceptional Students Knott Building Tallahassee, Florida 32399		
SPECIALNET USER NAME:	FLORIDABEES		
FISCAL AGENCY:	Florida Department of Education Bureau of Education for Exceptional Students		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Wendy Cullar	PHONE:	(904) 488-1570

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: kindergarten to grade 12.
Permissive: birth to kindergarten.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To help provide state- and local-level personnel who will work to develop components of a comprehensive service delivery system (CSDS).
- To fund pilot interagency projects in small, medium, and large districts.
- To develop a document that describes the statewide system for identifying preschool handicapped children.
- To develop a plan for establishing a system of preservice and inservice training.
- To develop materials for an effective parent education component for pre-kindergarten programs.
- To design an ongoing data analysis system to evaluate the effectiveness of services to pre-kindergarten handicapped children.

INTERAGENCY COMPONENT:

A task force representing the Developmental Disabilities Council, parent advocacy groups, Head Start, and other professionals provides guidance to state-level agencies developing Florida's CSDS. Three pilot interagency projects, funded to model interagency coordination, will provide feedback to the state on various aspects of CSDS development, and will assist local education agencies in establishing collaborative systems between agencies.

FEATURES AND PRODUCTS:

A comprehensive Child Identification System is under development. Grant staff are preparing technical assistance materials to ensure smooth implementation of the system.

Georgia

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Rae Ann Redman PHONE: (404) 656-2426

COORDINATOR: Elizabeth T. Marr PHONE: (404) 656-2426

STATE PLAN GRANTEE ADDRESS:
Program for Exceptional Children
Mental Handicaps Division
1970 Twin Towers East
Atlanta, Georgia 30334

SPECIALNET USER NAME: GA.SE

FISCAL AGENCY:
Georgia Department of Education
Division of Special Programs

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Joan A. Jordan PHONE: (404) 656-2425

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 18 years.
Permissive: birth through age 4 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To design long-range planning efforts for comprehensive interagency service delivery and management systems for infants and preschoolers.
- To identify current and overlapping services in public and private agencies and future needs.
- To collaborate at state, regional, and local levels.
- To create a student information system.
- To increase public awareness.
- To establish training for families and caretakers who provide services.
- To identify financial and other resources.

INTERAGENCY COMPONENT:

Cooperative efforts are planned with other federal special education grant activities, including preschool incentives, P.L. 94-142, flow-through funded projects, and P.L. 89-313 programs. Linkages will be strengthened with the migrant education program, Department of Human Resources, Head Start, state colleges, Coordinating Council, State Advisory Panel for Special Education, Psychoeducational Program Network, and the Governor's Office of Planning and Budget.

FEATURES AND PRODUCTS:

State interagency planning will be guided by the Coordinating Council and the State Advisory Panel for Special Education. Project staff will assist in creating legislation and will provide data and cost projections to the Governor's office. Georgia State University is assisting in the needs assessment.

Guam

TYPE OF GRANT:	state plan grant (planning phase)		
DIRECTOR:	Faye Mata	PHONE:	011 (671) 472-8901-6
STATE PLAN GRANTEE ADDRESS:	Department of Education Division of Special Education P.O. Box DE Agana, Guam 96910		
SPECIALNET USER NAME:	GUAM.SE		
FISCAL AGENCY:	Department of Education Division of Special Education		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTORS OF SPECIAL EDUCATION:	Steve L. Spencer	PHONE:	011 (671) 472-8901-6

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 1 to 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop an Early Childhood State Plan for a comprehensive service delivery system (CSDS) for handicapped and at-risk children under age 5 years.
- To complete a needs assessment with the goals of developing a matrix of services, evaluation data, a high-risk registry, and a computerized client tracking system.
- To conduct public awareness programs for parents and professionals on the value of early intervention.
- To develop a multiagency diagnostic/referral system.
- To examine the need for legislation to increase or improve interagency service delivery.

INTERAGENCY COMPONENT:

Grant activities will operate in conjunction with the Advisory Council for the Early Childhood State Plan, which will work to promote interagency coooperation. Planning will involve representatives from state and private agencies now providing services or from agencies that might offer services in the future; representatives from parent and advocacy groups will be involved also. Collaboration is planned with all P.L. 94-142 programs.

FEATURES AND PRODUCTS:

Products and features include reports, interagency agreements, data forms, information packets, symposia, workshops, and a computerized tracking system.

Hawaii

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Miles S. Kawatachi PHONE: (808) 737-3721

COORDINATOR: Susan Brown PHONE: (808) 737-2564

STATE PLAN GRANTEE ADDRESS:
State Department of Education
3430 Leahi Avenue
Honolulu, Hawaii 96815

SPECIALNET USER NAME: HI.SE

FISCAL AGENCY:
Office of Instructional Services
Special Education Section

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Miles S. Kawatachi PHONE: (808) 737-3721

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 20 years.
Permissive: birth to age 3 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a comprehensive service delivery system (CSDS) for children prenatally through age 5 years, with primary attention to interagency collaboration, policy and legislation, parent and professional training, alternative funding sources, and public awareness.
- To conduct a statewide needs assessment to identify gaps, overlaps, and constraints in comprehensive service delivery and personnel training.
- To increase public awareness about the importance of comprehensive services.
- To establish an interagency advisory planning board and identify ways to increase interagency collaboration.

INTERAGENCY COMPONENT:

Ongoing coordination involves public and private sectors; the state departments of education, health, social services, and housing; the University of Hawaii; members of the State Legislature; parents; and related projects. The Steering Committee provides ongoing feedback on grant objectives. The Advisory Council informs the community about the goals of the grant and provides feedback to the grant staff and Steering Committee. Interagency tasks forces will develop recommendations on the components of Hawaii's CSDS.

FEATURES AND PRODUCTS:

The Research Corporation of the University of Hawaii is fiscal manager of the grant. Plan Grant products will include reports examining the status and comprehensiveness of services, fiscal and legislative alternatives, and administrative/management strategies to facilitate service coordination.

Idaho

TYPE OF GRANT: state plan grant (development phase)

PROJECT MANAGER: Katherine Pavesic PHONE: (208) 334-5523

ADMINISTRATOR: Paul Swatsenbarg PHONE: (208) 334-5531

STATE PLAN GRANTEE ADDRESS:
Idaho Department of Health and Welfare
Division of Community Rehabilitation
450 W. State Street, 10th Floor
Boise, Idaho 83720

SPECIALNET USER NAME:
IDAHOSE (Department of Special Education)
IDCARES (Early Intervention Project)

FISCAL AGENCY: Department of Health and Welfare

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Martha Noffsinger PHONE: (208) 334-3940

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 6 to 21 years.
Permissive: kindergarten.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To assure an administrative model for a comprehensive service delivery system (CSDS) for handicapped children birth through age 5 years.
- To encourage and support meaningful parent involvement in the CSDS.
- To provide information to the public, personnel, parents, and advocates concerning children's needs and available services.
- To encourage and support interagency collaboration and promote a continuum of services for young children and their families.
- To establish a data system for identification and follow-up of handicapped and at-risk children and for evaluation of services.

INTERAGENCY COMPONENT:

The Idaho Consortium for Administration, Resources, Education, and Support for Early Intervention Services includes representatives from the Department of Health and Welfare, the Department of Education, Head Start, the Public Policy Committee, and a parent. The Consortium determines the characteristics of Idaho's service system. An interagency Early Intervention Cabinet, comprising executives from relevant agencies, will approve the State Plan. Committees will address key issues related to CSDS components.

FEATURES AND PRODUCTS:

Two annual conferences are planned, one for parents and one for early intervention service providers. A central registry is proposed to maintain information on both handicapped and at-risk children. A regional model of local interagency services coordination will be supported. A paraprofessional degree program will be piloted.

Illinois

TYPE OF GRANT:	state plan grant (development phase)		
COORDINATOR:	Jonah Deppe	PHONE:	(217) 782-6601
STATE PLAN GRANTEE ADDRESS:	Illinois State Board of Education Department of Special Education 100 North First Street Springfield, Illinois 62777		
SPECIALNET USER NAME:	IL.SE		
FISCAL AGENCY:	Illinois State Board of Education		
ADMINISTRATIVE AGENCY:	Illinois State Board of Education Department of Special Education		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Joseph Fisher	PHONE:	(217) 782-6601

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 21 years.
Permissive: birth to age 3 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop an Early Intervention State Plan for children birth to age 5 years who are handicapped or at risk.
- To establish interagency collaborative agreements at the state level.
- To introduce legislation providing for comprehensive early intervention services for handicapped and at-risk children birth to age 3 years.
- To establish evaluation designs for assessing the State Plan, the Interagency Collaborative Agreements, and the outcomes of legislation mandating services for children birth through age 3 years.

INTERAGENCY COMPONENT:

Seven state agencies (Departments of Mental Health and Developmental Disabilities, Public Health, Public Aid, Children and Family Services, and Rehabilitation Services; the Division of Services to Crippled Children; and the State Board of Education) and the Governor's Planning Council on Developmental Disabilities constitutes the Interagency Coordinating Council, which operates as a Steering Committee for the Early Intervention State Plan. The Task Force and an Advisory Council of representatives from various ad hoc committees (including service providers, professional groups, and parents) collaborate to address State Plan policy issues.

FEATURES AND PRODUCTS:

State legislation passed in 1985 provided for pilot programs for handicapped children up to 3 years of age, funded as three-year policy research projects. A report to the state legislature on mandated early intervention services will address eligibility criteria, service delivery models, staffing patterns, certification, and local interagency coordination.

Indiana

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Pat Wnek **PHONE:** (317) 269-9462

CO-FACILITATORS: John Mefford **PHONE:** (219) 237-4350
Pamela Terry (812) 237-2847

STATE PLAN GRANTEE ADDRESS:
Indiana Department of Education
Division of Special Education
229 State House
Indianapolis, Indiana 46204

SPECIALNET USER NAME: INDIANADSC

FISCAL AGENCY:
Indiana Department of Education
Division of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Paul Ash (Acting) **PHONE:** (317) 269-9462

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 6 to 18 years.
Permissive: age 3 to 5 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To refine and expand an interagency data collection and retrieval system.
- To facilitate the establishment of two local planning councils.
- To establish a resource bank of information on research-based best practices in early childhood special education.
- To support the establishment of parent training centers in local communities.
- To develop a marketing strategy.
- To design and implement a statewide evaluation system for early childhood special education and related services.

INTERAGENCY COMPONENT:

Representatives from parent groups, higher education, the Departments of Education and Mental Health, State Board of Health, local education agencies, and major state and local service providers to young handicapped children and their families form Indiana's 25-member Task Force on Early Childhood Special Education, which will serve as steering committee for the grant.

FEATURES AND PRODUCTS:

Products will include two computerized systems: an interagency child data collection and retrieval system, and a resource bank of best practices. The project will collaborate with the business community to design a marketing strategy to promote the idea of a comprehensive system of early childhood services to the state legislature and other decisionmakers.

Iowa

TYPE OF GRANT: state plan grant (planning phase)

DIRECTORS: Joan Turner Clary PHONE: (515) 281-3176
Peggy Cvach (515) 271-3936

STATE PLAN GRANTEE ADDRESS:
Department of Public Instruction
Division of Special Education
Grimes State Office Building
Des Moines, Iowa 50319

SPECIALNET USER NAME: IOWASE

FISCAL AGENCY:
Iowa Department of Public Instruction
Division of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: J. Frank Vance PHONE: (515) 281-3176

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To get input from agencies, parents, and other groups as part of the State Plan Advisory Council for Early Systems.
- To create assessment instruments and use them to determine the status of the comprehensive service delivery system for special-needs children birth to age 5 years.
- To gather accurate, comprehensive data about current services, and to disseminate this data.
- To conduct an Outreach Fair to increase public awareness on available federal-funded service models.
- To make available incentive grants to education agencies that want to replicate early intervention projects.

INTERAGENCY COMPONENT:

Emphasis is placed on maximizing programs and services for all eligible students statewide by attempting to integrate funding from various sources and by evaluating the effectiveness of this integration.

FEATURES AND PRODUCTS:

Project staff use all available funding sources to enhance this grant. An outside agency will help plan, develop, and implement the needs assessment. Written reports will include computerized data summaries and will be disseminated widely.

Kansas

TYPE OF GRANT:	state plan grant (development phase)		
DIRECTORS:	Betty Weithers Luci Paden	PHONE:	(913) 296-3869 (913) 296-7454
COORDINATOR:	Suzanne Grant	PHONE:	(913) 296-7453
INTERAGENCY COORDINATOR:	Judy Moler	PHONE:	(913) 296-1329
STATE PLAN GRANTEE ADDRESS:	State Department of Education Division of Special Education 120 East 10th Street Topeka, Kansas 66612		
SPECIALNET USER NAME:	KANSASSE		
FISCAL AGENCY:	Kansas Department of Education		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	James E. Marshall	PHONE:	(913) 296-4945

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: age 5 to 21 years.
Permissive: birth to age 4 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To coordinate the activities of education, health, and social services to ensure effective use of available resources and development of the state plan.
- To train parents for effective involvement in the comprehensive service delivery system.
- To increase public awareness of the need for early intervention and prevention.
- To continue development of a computerized service information system.

INTERAGENCY COMPONENT:

An Interagency Coordinating Council on Early Childhood Developmental Services, established by the legislature, ensures a formal system of interagency coordination. The position of Planning Coordinator, housed in the Department of Health and Environment, was established in 1986 through legislation.

FEATURES AND PRODUCTS:

"Make a Difference" is the theme and logo of the interagency effort, which offers a computer-assisted service information directory, a toll-free information line, and a network of trained parent leaders. A brochure and radio campaign are publicizing these services. The State Plan has produced issue papers that resulted in state legislation and has established four pilot projects for regional services coordination.

Kentucky

TYPE OF GRANT: state plan grant (development phase)

BRANCH MANAGER
EARLY CHILDHOOD UNIT: Betty Bright PHONE: (502) 564-4970

STATE PLAN DIRECTOR: Jeffri Brookfield-Norman PHONE: (606) 257-8281

STATE PLAN GRANTEE
ADDRESS: HDI/UAF
University of Kentucky
210-A Porter Building
Lexington, Kentucky 40506

SPECIALNET USER NAME: KENTUCKYSE

FISCAL AGENCY: Kentucky Department of Education

ADMINISTRATIVE AGENCY: HDI/UAF at the University of Kentucky

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR
OF SPECIAL EDUCATION: Vivian Link PHONE: (502) 564-4970

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 18 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop systematic data collection procedures that provide a data base for planning and reporting activities.
- To develop and gain approval of the Early Childhood State Plan (ECSP).
- To establish a statewide network of locally-based Preschool Interagency Planning Councils.
- To establish community-based demonstrations of exemplary services.
- To study issues and recommendations regarding changes in strategies for the services delivery.

INTERAGENCY COMPONENT:

An Advisory Panel and seven task forces representing state-level service providers, local agencies, various disciplines, and parents, will contribute to the State Plan development.

FEATURES AND PRODUCTS:

Systematic data collection procedures will be established to obtain consistent child-count data. State Plan Grant staff will provide technical assistance to help counties develop local Preschool Interagency Planning Councils. Community-based service models will be established, targeted to the areas of child find/screening, high-risk infant registry, parent-to-parent support, and community-wide direction service.

Louisiana

TYPE OF GRANT:	state plan grant (planning phase)		
DIRECTOR:	Ronald Lacoste	PHONE:	(504) 342-1641
INTERAGENCY COORDINATOR:	Evelyn Johnson	PHONE:	(504) 342-1641
STATE PLAN GRANTEE ADDRESS:	State Department of Education P.O. Box 94064 Baton Rouge, Louisiana 70804		
SPECIALNET USER NAME:	LA.SE		
FISCAL AGENCY:	Louisiana Department of Education Division of Special Education		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Elizabeth Borel	PHONE:	(504) 342-3631

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 5 years.
Permissive: birth through age 2 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To conclude a statewide assessment that will prioritize service delivery needs of public and private service providers, parents, and others.
- To revise state goals of the Louisiana Early Childhood Program for approval by a state agency steering committee.
- To assemble and analyze existing or needed information on the status of each of these state goals.
- To continue developing a statewide interagency steering committee.
- To support regional planning councils that will help with needs assessment, comprehensive planning, and information dissemination.

INTERAGENCY COMPONENT:

State-level coordination is planned with the Office of Public and Preventative Health Services, Handicapped Children's Services, Maternal and Child Health, Louisiana Association for Retarded Citizens, Head Start, parents, and Offices of Mental Retardation and Developmental Disabilities.

FEATURES AND PRODUCTS:

A state-level interagency steering committee provides direction and support in identifying and serving all eligible children. Interagency councils established in each of the eight planning regions facilitate comprehensive planning and assist in development of regional forums to obtain data on the needs of preschool handicapped children.

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Maine

TYPE OF GRANT: state plan grant (planning phase)

COORDINATOR: Susan Mackey-Andrews PHONE: (207) 289-5971

STATE PLAN GRANTEE ADDRESS:
Department of Education and Cultural Services
Division of Special Education
State House Station #23
Augusta, Maine 04333

SPECIALNET USER NAME: MAINESE

FISCAL AGENCY:
Department of Education and Cultural Services
Division of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: David N. Stockford PHONE: (207) 289-5950

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 20 years (birthdate on or before October 15).
Permissive: age 3 to 5 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To complete an Interagency Model Efficacy Study and develop a working plan for selected state and local sites.
- To compile "best practices" for technical assistance programs.
- To present final program standards for inclusion in the State Administrative Procedures Act.
- To complete an impact study of two pilot prevention programs.
- To compile and present to state commissioners a statewide needs assessment, funding analysis, and study on capacity.
- To complete an effectiveness study on the Network Project, a statewide early childhood/special needs training.
- To complete a statewide child-find awareness campaign.
- To complete installation of data management and tracking systems at 16 regional preschool coordination sites.

INTERAGENCY COMPONENT:

The Interdepartmental Coordinating Committee for Preschool Handicapped Children, which directs the grant, represents the Departments of Educational and Cultural Services, Human Services, and Mental Health/Mental Retardation.

FEATURES AND PRODUCTS:

A statewide, computerized Case Management Data Collection System is being installed. This system, which interfaces with and complements the State Plan Needs Assessment, will enable retrieval of information on children, services, funding, long-term planning capacity, and resource development. Interdepartmental preschool standards for programs and services, and a technical assistance manual will be distributed.

Maryland

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Sheila Draper **PHONE:** (301) 659-2495

ASSISTANT DIRECTOR: Wanda Maynor **PHONE:** (301) 659-2498

STATE PLAN GRANTEE ADDRESS:
State Department of Education
Division of Special Education
200 West Baltimore Street
Baltimore, Maryland 21201

SPECIALNET USER NAME: MARYLANDDSE

FISCAL AGENCY:
Maryland State Department of Education
Division of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Martha Fields **PHONE:** (301) 659-2489

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 20 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To expand interagency collaboration through an Advisory Council, a Steering Committee, and professional and parent advisory networks.
- To improve programs by focusing on health and education issues, reviewing legislation, identifying exemplary interagency service models for the medically fragile and emotionally disturbed, and working with other state agencies to develop policies on managing communicable diseases.
- To promote interagency collaboration at all levels by promoting and evaluating models for local consortia that involve parents.
- To develop and expand training materials related to parenting.
- To improve competencies of administrators and service providers by using technical assistance, identifying transition models, encouraging adoption of outreach model components, and exploring appropriate technology.

INTERAGENCY COMPONENT:

Project activities will be coordinated with P.L. 94-142 Preschool Incentive Grant projects. Ongoing collaborative efforts will be continued among universities, 24 school systems, Departments of Human Services, Health, and Mental Hygiene, and public and private programs and associations.

FEATURES AND PRODUCTS:

A contract with Johns Hopkins University will help fulfill grant requirements. Materials in the resource library will circulate to schools, parents, and teachers in training. About 916 children, birth through age 2 years, and more than 5,800 students, age 3 to 5 years, will be served.

Massachusetts

TYPE OF GRANT: state plan grant (development phase)

DIREDTOR: Elisabeth Schaefer PHONE: (617) 770-7476

STATE PLAN GRANTEE ADDRESS:
Division of Special Education
1385 Hancock Street
Quincy, Massachusetts 02169

SPECIALNET USER NAME: MASPED

FISCAL AGENCY:
Massachusetts Department of Education
Division of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Roger W. Brown PHONE: (617) 770-7468

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 21 years.
Permissive: birth to age 3 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To increase service options for children birth to age 5 years and their families.
- To promote coordination among agencies and service providers.
- To ensure case coordination for children requiring specialized services.
- To promote high-quality services in the least restrictive environment.
- To encourage the recruitment, hiring, professional development and retention of quality staff.
- To identify children and families in need of services.
- To promote public awareness of children's needs and available services.

INTERAGENCY COMPONENT:

The Massachusetts Department of Education, in implementing the planning phase of the grant, has established linkages with groups across the state. Five regional committees and a state committee were formed to evaluate service needs. Over 200 representatives, including parents, service providers, and agency personnel, participated in meetings to define problems with the current system and define goals for the development phase.

FEATURES AND PRODUCTS:

Local initiatives to promote interagency collaboration will be developed during the next phase of the grant to generate strategies for improving the present service delivery system.

Michigan

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Jan Baxter PHONE: (517) 373-8215

STATE PLAN GRANTEE ADDRESS:
State Department of Education
Special Education Services
P.O. Box 30008
Lansing, Michigan 48909

SPECIALNET USER NAME: MI.SE

FISCAL AGENCY:
Michigan Department of Education
Special Education Services

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Edward Birch PHONE: (517) 373-1695

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth through age 25 years (or until graduation).

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To evaluate legislation and the current status of state services for children birth to age 5 years.
- To increase interagency collaboration and communication, and to devise a comprehensive plan for service delivery.
- To identify duplications and gaps in current services.
- To obtain a formal memorandum of agreement from the Human Services Cabinet supporting increased interagency collaboration, and to have the Interagency Task Force prepare service data and a management plan.
- To review teacher competencies, evaluation standards for teacher training programs, peer review procedures, and techniques for curriculum improvement in personnel development programs, information and use this to develop action plans for training program improvement.
- To identify current needs and problems among direct services personnel and to identify alternatives for professional development.

INTERAGENCY COMPONENT:

Coordination activities are organized within the Human Services Cabinet. Participants include officials from the Departments of Education, Labor, Mental Health, Public Health, and Social Services. Linkages also are planned with local service providers, including Head Start, parent associations, and associations concerned with infant mental health.

FEATURES AND PRODUCTS:

Data reports, evaluation reports, conference summaries and written recommendations for service enhancement will be produced. A final report will provide detailed information on completed and ongoing activities.

Minnesota

TYPE OF GRANT:	state plan grant (development phase)		
DIRECTOR:	Norena Hale	PHONE:	(612) 296-1793
COORDINATOR:	Jan Rubenstein	PHONE:	(612) 296-7032
STATE PLAN GRANTEE ADDRESS:	Special Education Section Minnesota Department of Education Capitol Square Building, Room 811 550 Cedar Street St. Paul, Minnesota 55101		
SPECIALNET USER NAME:	MN.SDE		
FISCAL AGENCY:	Minnesota Department of Education Special Education Section		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Norena Hale	PHONE:	(612) 296-1793

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 5 years.
Permissive: birth through age 2 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop service system components for recommendation to local interagency planners in the form of planning guidelines.
- To assess local interagency committee training needs.
- To sponsor training workshops for local committees and to design stand-alone training manuals.
- To facilitate communication among state staff and local planners through publication of a quarterly newsletter.
- To provide information to the public on developmental indicators, identification services, and central contact sources.

INTERAGENCY COMPONENT:

The Minnesota Departments of Education, Health, and Human Services have joined forces to promote state-level planning. A steering committee and advisory panel of representatives from public and private service providers and consumer and advocacy groups has been studying issues and will continue to make recommendations.

FEATURES AND PRODUCTS:

The state-level steering committee will develop a document for local planners that outlines indicators of quality programming relevant to each planning component, best practices for process and procedures, and best practices for using valid assessment and evaluation instruments.

Mississippi

TYPE OF GRANT:	state plan grant (development phase)	
CO-DIRECTORS:	Debbie Ruffin	PHONE: (601) 359-3490
	Debra Montgomery	359-3490
COORDINATORS:	Robert Campbell	PHONE: (601) 266-5163
	Becky Wilson	266-5030
STATE PLAN GRANTEE ADDRESS:	Mississippi University Affiliated Program University of Southern Mississippi Box 5163 - Southern Station Hattiesburg, Mississippi 39406-5163	
SPECIALNET USER NAME:	MS.SE	
FISCAL AGENCY:	Mississippi Department of Education	
ADMINISTRATIVE AGENCY:	same	
PERIOD OF FUNDING:	1986-87	
STATE DIRECTOR OF SPECIAL EDUCATION:	Walter H. Moore	PHONE: (601) 359-3490

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 21 years.
Permissive: birth to age 5 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a statewide tracking system.
- To coordinate screening, diagnostic, and evaluation services.
- To coordinate and develop model services and related support services.
- To involve parents in the development of a comprehensive service delivery system (CSDS).
- To develop a comprehensive plan for training personnel.
- To develop local interagency coordination.
- To design a system for statewide information dissemination.
- To evaluate services provided to preschool handicapped children and their families.

INTERAGENCY COMPONENT:

Two interagency councils have been established, one at the state level and one at the local level. The membership of these councils includes state and local service agencies and organizations, hospitals, university and university-affiliated programs, and parents. The state-level council will continue to create a knowledge base and will plan for developing a CSDS.

FEATURES AND PRODUCTS:

Each of the components outlined in Mississippi's State Plan objectives will be piloted in local interagency sites. Project staff provide technical assistance to the demonstration pilot sites. Programs from across the state will be able to visit and observe the demonstration settings.

Missouri

TYPE OF GRANT: state plan grant (development phase)

COORDINATOR: Melodie Friedebach PHONE: (314) 751-0706

STATE PLAN GRANTEE ADDRESS:
Missouri Department of Elementary and Secondary Education
Division of Special Education
P.O. Box 480
Jefferson City, Missouri 65101

SPECIALNET USER NAME: MO.SE

FISCAL AGENCY: Missouri Department of Elementary and Secondary Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: John Allan PHONE: (314) 751-4444

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 years.
Permissive: age 3 through 4 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To continue interagency coordination and collaboration at the state level.
- To translate the proposed Early Childhood State Plan into an operational design and implementation format.
- To gain State Board of Education and interagency approval of the plan for comprehensive services.

INTERAGENCY COMPONENT:

An Interagency Advisory Council comprises representatives from the Departments of Elementary and Secondary Education, Health, Mental Health, and Social Services; institutions of higher education; Head Start; parent advocacy organizations; and private agencies. The Council and five task forces are developing recommendations for components of the State Plan.

FEATURES AND PRODUCTS:

Awareness activities aimed at chief executive officers in relevant agencies are planned. These awareness activities are intended to lay the groundwork for approval of the State Plan. Pilot projects will be designed to determine the effectiveness of identified service delivery strategies.

Montana

TYPE OF GRANT:	state plan grant (planning phase)		
EXECUTIVE DIRECTOR:	Judith Johnson	PHONE:	(406) 444-4429
DIRECTOR:	Michael Hogan	PHONE:	(406) 657-2312
COORDINATOR:	Roger E. Bauer	PHONE:	(406) 657-2312
STATE PLAN GRANTEE ADDRESS:	Eastern Montana College Special Education Building 1500 North 30th Street Billings, Montana 59101-0298		
SPECIALNET USER NAME:	MT.SE		
FISCAL AGENCY:	Office of Public Instruction		
ADMINISTRATIVE AGENCY:	Eastern Montana College (subcontract)		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Bob Runkel (Acting)	PHONE:	(406) 444-4429

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Permissive: preschool children.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop statewide identification and follow-up systems for providing appropriate services to neonates, infants, and preschoolers.
- To provide technical assistance to state and local personnel seeking to create or improve programs and to families desiring advocacy skills.
- To publicize programs through workshops, parent library materials, a toy exchange service, and a newsletter.
- To identify recognized competencies for certified staff and to plan professional and paraprofessional training and development.
- To assess the cost of providing services and formulate data-based criteria.
- To review and refine the state preschool implementation guide.
- To support legislation mandating early intervention services.

INTERAGENCY COMPONENT:

Collaborative activities are planned with the Office of Public Instruction, Social and Rehabilitation Services Department, Developmental Disabilities, Department of Health and Environmental Sciences, Office of Handicapped Children's Programs, Indian Health Services, and Indian Head Start.

FEATURES AND PRODUCTS:

Reports will be prepared on current practices and service delivery needs. Project activities will be coordinated with public and private service providers, parents and families. Workshops, a monthly newsletter, materials exchange, and training modules have been developed.

Nebraska

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Jan Thelen PHONE: (402) 471-2471

STATE PLAN GRANTEE ADDRESS:
Nebraska Department of Education
Special Education Section
P.O. Box 94987
Lincoln, Nebraska 68509

SPECIALNET USER NAME: NE.SE

FISCAL AGENCY:
Nebraska Department of Education
Special Education Office

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Gary M. Sherman PHONE: (402) 471-2471

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a state-level interagency planning mechanism for comprehensive services to handicapped children birth to age 5 years.
- To design and pilot a statewide child data and reporting system for verified handicapped children birth to age 5 years.
- To develop and expand efficacy studies at selected school districts.
- To develop and pilot an interagency early childhood training model at seven local education agency sites statewide.
- To revise state education agency rules and regulations for serving handicapped children birth to 5 years.
- To revise teacher training criteria for early childhood special education.

INTERAGENCY COMPONENT:

Project activities are guided by an ad hoc committee of the Nebraska State Special Education Advisory Council, with representatives from school districts, educational service units, multidistrict cooperatives, parents, Head Start agencies, preschool planning regions, teacher training institutions, the University of Nebraska Medical Center, and the Nebraska Department of Education. The Departments of Health, Social Services, and Public Institutions; the Region VII Resource Access Project; and the Nebraska chapter of the American Academy of Pediatrics also participate in development activities.

FEATURES AND PRODUCTS:

Nebraska is developing the capacity to implement a statewide special education student information system, which will follow children from birth to age 21 years, to replace and expand current annual child count information. During 1987 the State will pilot the system with children birth to age 5 years, using a unified child data report format.

Nevada

TYPE OF GRANT:	state plan grant (development phase)		
DIRECTOR:	Sharon Palmer	PHONE:	(702) 885-3140
COORDINATOR:	Marilyn Walter	PHONE:	(702) 789-0284
STATE PLAN GRANTEE ADDRESS:	Special Education Branch Nevada Department of Education 400 West King Street Carson City, Nevada 89701 or Division of Mental Hygiene and Mental Retardation Nevada Department of Human Resources 480 Galletti Way Sparks, Nevada 89431		
SPECIALNET USER NAME:	NV.SE or NVDOE		
FISCAL AGENCY:	Nevada Department of Education		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Jane Early	PHONE:	(702) 885-3100

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated:	age 5 to 21 years.
Permissive:	birth to age 5 years for visually and hearing-impaired; age 3 to 5 years for mentally retarded.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To further develop and obtain approval for a comprehensive state plan.
- To provide activities for service providers, administrators, and parents which will facilitate implementation of the plan.
- To develop public awareness and support, including legislation, for early intervention programs.
- To design an effective evaluation plan.

INTERAGENCY COMPONENT:

The grant was submitted jointly by the Departments of Education and Human Resources. The Interagency Project Task Force represents state and local agencies; urban and rural areas; parents; universities; and the Departments of Education, Health, Mental Hygiene, Mental Retardation, and Rehabilitation.

FEATURES AND PRODUCTS:

The State Plan for an early childhood service system will be piloted in one rural and one urban site. A statewide meeting and four regional meetings will be conducted to raise public awareness and support for the plan.

New Hampshire

TYPE OF GRANT:	state plan grant (planning phase)		
DIRECTOR:	Luzanne B. Pierce	PHONE:	(603) 271-3741
STATE PLAN GRANTEE ADDRESS:	State Department of Education and Vocational Rehabilitation Special Education Bureau 101 Pleasant Street Concord, New Hampshire 03301		
SPECIALNET USER NAME:	NH.SE		
FISCAL AGENCY:	New Hampshire Department of Education and Vocational Rehabilitation Special Education Bureau		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Robert T. Kennedy	PHONE:	(603) 271-3741

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To assess comprehensive educational and related services needed by children birth to age 5 years and their families.
- To determine the degree of interagency collaboration at state and local levels and design an interagency state plan to improve different aspects of service delivery.
- To begin a data base on services and refine the child tracking system.
- To expand the statewide preschool communications network via print materials and regional support groups, and tap available talent for statewide training and public awareness activities.

INTERAGENCY COMPONENT:

Collaboration will be attempted with the Early Intervention Network, a statewide coalition of programs serving children birth to age 3 years. An Interagency Early Childhood Special Education Advisory Committee, parents, and consultants also will participate in collaborative efforts.

FEATURES AND PRODUCTS:

Products include an information-gathering report, participant evaluation form, and staff supervision plan. A final report to be issued at the end of 1987 will include the service assessment report survey, data base records, the Special Education Information System Report, and the Advisory Committee's evaluation survey.

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New Jersey

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Andrea C. Quigley PHONE: (609) 292-0147

STATE PLAN GRANTEE ADDRESS:
State Department of Education
Division of Special Education
225 West State Street CN 500
Trenton, New Jersey 08625

SPECIALNET USER NAME: NJ.SE

FISCAL AGENCY:
State Department of Education
Division of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1985-87

STATE DIRECTOR OF SPECIAL EDUCATION: Jeffrey V. Osowski PHONE: (609) 292-0147

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a framework for a comprehensive state plan of special needs services for children under age 5 years.
- To assess preservice and inservice training needs for infant and early childhood professionals.
- To establish a state-level Interagency Steering Committee for guidance in developing the State Plan.
- To describe and assess the continuum of current services by identifying gaps, overlaps, and future needs for the current eligible population, and at-risk populations.
- To produce a written Interagency Agreement between the Departments of Health, Human Services, and Education for planning, developing, and implementing programs and services.
- To develop a plan to evaluate available early intervention services.

INTERAGENCY COMPONENT:

Interagency cooperation is mandated by a 1981 state law. The State Department of Education works with the Department of Health and Human Services to administer early intervention program activities.

FEATURES AND PRODUCTS:

A consultant will work with project staff to help evaluate existing services. Each of four task forces will produce written reports for inclusion in the State Plan. A statewide committee of parents and professionals will guide development of the plan. A needs assessment conference and interagency agreements will be facilitated by an outside expert.

New Mexico

TYPE OF GRANT: state plan grant (planning phase)

COORDINATOR: Louis Worley PHONE: (505) 827-2575

PLANNER: Barbara Byrne-Gonzales PHONE: (505) 827-2575

STATE PLAN GRANTEE ADDRESS:
Developmental Disabilities Bureau
P.O. Box 968
Sante Fe, New Mexico 87504-0966

SPECIALNET USER NAME: NEWMEXICOSE

FISCAL AGENCY:
Health and Environment Department
Developmental Disabilities Bureau

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1985-87

STATE DIRECTOR OF SPECIAL EDUCATION: Elie S. Gutierrez PHONE: (505) 827-6541

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 21 years (3 to 21 years, pending legislative appropriation).
Permissive: birth to age 3 years (Health and Environment Department).

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To conduct a needs assessment of educational and related services for children birth to age 5 years.
- To design a state plan and method for ongoing planning and evaluation.
- To devise collaborative agreements with state agencies to implement the planning grant.
- To develop an automated child referral system and a management system.
- To carry out a statewide print and broadcast public awareness campaign, with an initial emphasis on child-find activities.
- To identify financial resources for implementing the state plan.

INTERAGENCY COMPONENT:

The Health and Environment Department, under a joint powers agreement with the State Department of Education, manages the grant and works cooperatively with the Chronically Impaired Children grant program operated out of the Governor's office; the state-funded Developmental Disabilities Planning Council; Parents Reaching Out (PRO); and primary state health providers. Linkages are being developed with federal Indian programs.

FEATURES AND PRODUCTS:

The design for an Early Childhood State Plan will include standards for identifying and evaluating children and for meeting personnel needs, a systematic planning process, public awareness materials, and interagency agreements. Several documents and an automated referral system are expected products.

New York

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Lawrence Gloeckler PHONE: (518) 474-5548

COORDINATOR: Michael Plotzker PHONE: (518) 474-8917

STATE PLAN GRANTEE ADDRESS:
State Education Department
Office for Education of Children
with Handicapping Conditions
Room 1073, Education Building Annex
Albany, New York 12234

SPECIALNET USER NAME: NY.SE

FISCAL AGENCY: State Education Department

ADMINISTRATIVE AGENCY:
State Education Department
Office for Education of Children with
Handicapping Conditions

PERIOD OF FUNDING: 1985-87

STATE DIRECTOR OF SPECIAL EDUCATION: Lawrence Gloeckler PHONE: (518) 474-5548

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 21 years.
Permissive: under age 5 years (by petitioning in Family Court).

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop legislation that mandates services for young handicapped children (including subsequent regulation).
- To analyze current linkage and referral plans between tertiary and secondary perinatal centers, including other hospital clinics.
- To determine available coursework in early childhood special education at the preservice level.
- To coordinate activities with the Preschool Incentive Grant, Head Start, HCEEP projects, and the State Plan Officer.

INTERAGENCY COMPONENT:

Staff coordinates activities with other state agencies. Linkages will be made with federally funded projects, local service providers, the state's training network, and various advisory panels.

FEATURES AND PRODUCTS:

The project will focus on unidentified or underserved children. Staff will help develop programmatic and fiscal guidelines, review fiscal and programmatic resources, and investigate ways to increase public awareness of services.

North Carolina

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Janis Dellinger PHONE: (919) 733-6081
COORDINATOR: Kathy Nisbet 733-6081

STATE PLAN GRANTEE ADDRESS:
Department of Public Instruction
Division for Exceptional Children
116 West Edenton Street
Raleigh, North Carolina 27611

SPECIALNET USER NAME: NC.SE

FISCAL AGENCY:
Department of Public Instruction
Division for Exceptional Children

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1985-87

STATE DIRECTOR OF SPECIAL EDUCATION: E. Lowell Harris PHONE: (919) 733-3921

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 17 years.
Permissive: birth to age 5 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To work cooperatively with the Department of Human Resources, Head Start, and other agencies to determine data collection and other needs, including gaps in service on a county-by-county basis.
- To develop procedures for designing a full-service delivery plan for children under age 5 years.
- To develop a competency-based personnel training network to meet state, regional, and local needs through inservice and area workshops, parent awareness sessions, and summer institutes.
- To develop a comprehensive information system on available services, stressing identification and tracking components.
- To design research on the cost-effectiveness and long-range (eight to ten years) results of early intervention.

INTERAGENCY COMPONENT:

Cooperation will be sought with the Department of Human Resources, developmental day centers, Head Start, and private service providers through establishment of the Interagency Preschool Planning Committee. Linkage also will be established with the Council on Educational Services for Exceptional Children, Legislative Commission on Children with Special Needs, State Interagency Council on Education and Related Services, and professional groups.

FEATURES AND PRODUCTS:

Specific products include a design for a statewide service delivery plan, procedures and program standards, a data information system, a report on personnel competencies, and a research design for data collection.

North Dakota

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Brenda K. Oas PHONE: (701) 224-2277

COORDINATOR: Mary Beth Wilson PHONE: (701) 224-2277

STATE PLAN GRANTEE ADDRESS:
Department of Public Instruction
Special Education Division
State Capitol
Bismarck, North Dakota 58505

SPECIALNET USER NAME: NDAKOTADSE

FISCAL AGENCY:
Department of Public Instruction
Special Education Division

ADMINISTRATIVE AGENCIES: Departments of Public Instruction, Health, and Human Services

PERIOD OF FUNDING: 1985-87

STATE DIRECTOR OF SPECIAL EDUCATION: Gary Gronberg PHONE: (701) 224-2277

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Permissive: birth through age 2 years, provided by the Department of Human Services through an interagency agreement with the Department of Public Instruction.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a computerized interagency centralized registry/data management system.
- To explore the integration of additional services in the comprehensive service delivery system (CSDS).
- To assist Head Start, special education units, and infant development programs in developing local agreements defining services for children age 3 through 5 years, and birth through age 2 years.
- To provide technical assistance to professionals and families of handicapped children birth through age 5 years.
- To assess training needs, determine state priorities, and plan appropriate inservice activities.
- To continue the Early Childhood Education for Handicapped Infants and Children Advisory Committee.

INTERAGENCY COMPONENT:

Grant activities will be implemented under a multiagency agreement among the Departments of Health, Human Services, and Public Instruction.

FEATURES AND PRODUCTS:

Products and features include the North Dakota registry system and a training/technical assistance program. At least three meetings of the advisory board will be held.

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Northern Mariana Islands

TYPE OF GRANT: state plan grant (development phase)

DIRECTORS: Henry I. Sablan PHONE: 011 (670) 322-9956
Daniel H. Nielsen 322-9256

CONSULTANT: Bobbi Figdor PHONE: 011 (670) 322-9956
322-9311

STATE PLAN GRANTEE ADDRESS:
Department of Education for the Commonwealth
of the Northern Mariana Islands
Lower Base
Saipan, CM 96950

SPECIALNET USER NAME: COM.SE

FISCAL AGENCY: Northern Mariana Islands Department of Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Daniel H. Nielsen PHONE: 011 (670) 322-9256

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To finalize the format for an Early Childhood State Plan.
- To organize development of the plan with input from all affected and interested parties.
- To conceptualize an administrative structure to oversee implementation of the plan.
- To develop a process for implementing pilot projects through the Team for Interagency Planning.
- To develop a process for approval of the Plan.
- To develop a design for evaluating the Plan.
- To develop the Team for Interagency Planning to its fullest potential.

INTERAGENCY COMPONENT:

The Team for Interagency Planning, established to act as an advisory council and task force, includes representatives from state agencies, service providers, and parents. The Team will be expanded to include a representative from the Northern Marianas College. A second interagency group, which acts as a steering committee, is composed of administrators from agencies involved in services to handicapped children birth to age 5 years, as well as representatives from the legislature and the governor's office.

FEATURES AND PRODUCTS:

Grant staff will work through the Northern Marianas College to develop training models for parents and program staff. Strategies will be developed for drafting a State Plan, ensuring its approval, and evaluating its effectiveness.

Ohio

TYPE OF GRANT:	state plan grant (development phase)		
DIRECTOR:	Jane Wiechel	PHONE:	(614) 466-0224
COORDINATOR:	Linda Yoder		
STATE PLAN GRANTEE ADDRESS:	Ohio Department of Education Division of Educational Services 65 South Front Street, Room 202 Columbus, Ohio 43266-0308		
SPECIALNET USER NAME:	OHIODSE		
FISCAL AGENCY:	Ohio Department of Education Division of Special Edcuation Services		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Frank E. New	PHONE:	(614) 466-2650

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 21 years.
Permissive: age 3 to 4 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To assure state and local coordination of appropriate services for preschool handicapped and at-risk children and their families.
- To establish a system to provide for early identification and follow-up and to provide information for planning and evaluation.
- To assure that appropriate health, education, and social services are available and accessible.
- To ensure sufficient, appropriately trained instructional, health service, and support personnel.
- To promote public awareness of the need for prevention and early intervention and the availability of health, social, and education services.
- To support family involvement in all aspects of the service delivery.

INTERAGENCY COMPONENT:

The superintendent of public instruction is taking the lead to garner support from other agencies for the State Plan. An Interagency Coordinating Council has been proposed, to comprise the superintendent and the directors of the Departments of Health, Human Services, Mental Health and Mental Retardation, and Developmental Disabilities. An advisory committee of parents, service providers, and representatives of advocacy and professional organizations will provide input to the council.

FEATURES AND PRODUCTS:

Features of Ohio's grant include piloting model local interagency service coordination sites, developing a tracking system for handicapped and at-risk children, drafting or amending legislation, and developing competency standards and a brokerage system for training personnel.

Oklahoma

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Tom Kemper PHONE: (405) 521-4016

COORDINATOR: Nancy Virtue PHONE: (405) 521-4016

STATE PLAN GRANTEE ADDRESS:
Oklahoma Commission on Children and Youth
4111 N. Lincoln, Suite 11
Oklahoma City, Oklahoma 73105

SPECIALNET USER NAME: OKLAHOMASE

FISCAL AGENCY: Oklahoma Commission on Children and Youth

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Jimmie L.V. Prickett PHONE: (405) 521-3351

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 4 to 21 years; birth to age 3 years for deaf-blind and children failing to thrive (at least 50% delayed).
Permissive: birth to age 3 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop state-level interagency coordination for planning service delivery and providing administration.
- To develop local interagency coordination for identification of resources, case management, and coordination with the state plan.
- To facilitate early referral of high-risk or handicapped infants from hospitals to local education systems.
- To assess and improve current case-finding mechanisms in cooperation with Child Find and other referral systems.
- To develop a statewide computerized information and referral system.
- To develop a multidisciplinary and multiagency educational program pertaining to early childhood intervention.

INTERAGENCY COMPONENT:

The Oklahoma Commission on Children and Youth consists of the heads of state agencies involved with services to young handicapped children. A State Coordinating Council, representing state agencies, the Preschool Incentive Grant program, Child Find, and parent and professional groups, will develop the State Plan. Local Coordinating Councils also are being established.

FEATURES AND PRODUCTS:

Systematic procedures for early identification and referral of handicapped and at-risk children are being developed through the hospital-based Oklahoma Infant Transition Program. The Oklahoma Area-Wide Service Information System (OASIS) for the Handicapped, a statewide computerized information and referral system with a toll-free hotline, has been developed.

Oregon

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: William Moore PHONE: (503) 838-1220

COORDINATOR: Jane Toews PHONE: (503) 838-1220

STATE PLAN GRANTEE ADDRESS:
Teaching Research
Oregon State System of Higher Education
345 North Monmouth Avenue
Monmouth, Oregon 97361

SPECIALNET USER NAME: OREGONSE

FISCAL AGENCY: Teaching Research

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Patricia Ellis PHONE: (503) 378-3598

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a statewide monitoring system for at-risk infants.
- To develop a single tracking system for all young handicapped children.
- To develop and implement a system to evaluate the effectiveness of early intervention services.
- To assist institutions of higher education in the development of preservice and inservice programs.
- To ensure the provision of transition planning between early intervention services.
- To increase the level of parent involvement in early intervention services.

INTERAGENCY COMPONENT:

The project will coordinate its activities with the State Early Childhood Coordinating Council, established by the state legislature. A project advisory committee, representing the Departments of Education, Mental Health, Head Start, higher education, parents, and medical groups, will help develop Oregon's early childhood state plan.

FEATURES AND PRODUCTS:

Each county in Oregon has an interagency advisory group which has developed a county plan for comprehensive early intervention services. A model monitoring system for at-risk infants, developed at the University of Oregon, will be adopted statewide. In addition, a computerized tracking system will be designed to incorporate the data needs of four agencies now independently and concurrently tracking handicapped children.

Pennsylvania

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Gary J. Makuch PHONE: (717) 783-6913

COORDINATORS: Rick Price PHONE: (717) 783-6913
Jill Lichty

STATE PLAN GRANTEE ADDRESS:
Pennsylvania Department of Education
Bureau of Special Education
333 Market Street
Harrisburg, Pennsylvania 17126-0333

SPECIALNET USER NAME: PA.SE

FISCAL AGENCY:
Pennsylvania Department of Education
Bureau of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Gary J. Makuch PHONE: (717) 783-6913

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Permissive: birth to age 5 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To eliminate gaps and reduce duplication of services through local interagency agreements.
- To establish local child-find and tracking procedures.
- To facilitate appropriate training of personnel to work with preschool handicapped children.
- To assure parental involvement in early intervention activities.
- To develop a comprehensive monitoring and evaluation system for early intervention programs.
- To delineate due process procedures and procedural safeguards for all children receiving early intervention services.
- To take appropriate steps to advocate stabilization of funds.

INTERAGENCY COMPONENT:

An interagency council, comprising representatives from the Departments of Health, Education, and Welfare, approves local interagency plans. The State Plan Advisory Council makes recommendations on policies and procedures related to components of the comprehensive State Plan. Interagency cooperative agreements are in place at both the state and local levels.

FEATURES AND PRODUCTS:

Efforts to eliminate service gaps will focus on transportation, physical and occupational therapy, health care services, psychological services, and speech and language services. The assurance of comprehensive services is approached from the local level up.

Puerto Rico

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Lucila Torres Martinez PHONE: (809) 754-8902

COORDINATOR: Awilda Torres PHONE: (809) 754-8902

STATE PLAN GRANTEE ADDRESS:
Special Education Program for Handicapped Children
Department of Education
P.O. Box 759
Hato Rey, Puerto Rico 00919

SPECIALNET USER NAME:

FISCAL AGENCY: Puerto Rico Department of Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Lucila Torres Martinez PHONE: (809) 754-8902

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To identify resources that will promote interagency collaboration.
- To develop a needs assessment that will provide information on which to base the Early Childhood State Plan.
- To establish a computer information system for child tracking and data management.
- To review and make recommendations on relevant policies, procedures, and regulations.

INTERAGENCY COMPONENT:

An interagency committee consisting of representatives from the Departments of Education, Health, and Social Services, the Division for Developmental Disabilities, Head Start, and parents, will direct the project, and will conduct specific project activities.

FEATURES AND PRODUCTS:

A needs assessment will focus on services, delivery systems, personnel competencies, unserved children, policies, and barriers to collaboration efforts. Puerto Rico will develop a computerized system for child tracking and data management.

Rhode Island

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Robert Pryhoda PHONE: (401) 277-3505

COORDINATORS: Joan Karp PHONE: (401) 456-8024
Thomas Kochanek 456-8599

STATE PLAN GRANTEE ADDRESS:
Rhode Island College
Department of Special Education
600 Mt. Pleasant Avenue
Providence, Rhode Island 02908

SPECIALNET USER NAME: RI.SE

FISCAL AGENCY: Rhode Island Department of Education
Division of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-89

STATE DIRECTOR OF SPECIAL EDUCATION: Robert Pryhoda PHONE: (401) 277-3505

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 5 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To implement a serial, multivariate screening and assessment process.
- To make available to handicapped and at-risk children and their families a full continuum of health, education, social, and mental health services on a regional basis.
- To implement a two-tier service advocacy/coordination mechanism to ensure prompt, coordinated, and comprehensive service delivery.
- To implement an automated, interagency information management system.
- To develop an administrative structure at the state level to support a statewide comprehensive service delivery system (CSDS).
- To review and modify early intervention regulations affecting handicapped children age 3 to 5 years.
- To propose legislation which creates a favorable context for statewide CSDS implementation.

INTERAGENCY COMPONENT:

The project involves collaboration among five agencies (Children and Families; Education; Health; Mental Health, Retardation and Hospitals; and Human Services) and Rhode Island College.

FEATURES AND PRODUCTS:

An automated interagency information system will be developed to describe resource allocation, and child, family, and program characteristics; to monitor progress; to evaluate program effectiveness; to conduct cost-benefit analyses; and to follow children and families longitudinally. An innovative research-based screening and assessment process will be implemented.

South Carolina

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Robert S. Black PHONE: (803) 737-8710

COORDINATOR: Helen Geesey PHONE: (803) 737-8710

STATE PLAN GRANTEE ADDRESS:
Office of Programs for the Handicapped
South Carolina Department of Education
100 Executive Center Drive
Santee Building, Suite A-24
Columbia, South Carolina 29210

SPECIALNET USER NAME: SCAROLINAOPH

FISCAL AGENCY:
State Department of Education
Office of Programs for the Handicapped

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Robert S. Black PHONE: (803) 737-8710

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 18 years; age 4 to 18 years for visually impaired and hearing-impaired.
Permissive: birth through age 4 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To use the interagency advisory committees in achieving state-level cooperation during development of an Early Childhood State Plan.
- To establish an effective local framework in selected pilot communities for a comprehensive service delivery plan.
- To provide training opportunities to local service providers for more effective identification, evaluation, treatment, and administration of local programs for handicapped children birth to age 5 years.

INTERAGENCY COMPONENT:

The Interagency Coordinating Council for Early Childhood Development and Education, chaired by the governor, includes the Commissioners of Social Services, Mental Health, and Health and Environmental Control; the Superintendent of Education; and a parent. The Council is charged with coordinating services to young children. The Advisory Committee to the Council, comprising professionals and representatives of resource organizations and agencies involved in early childhood development and education, will develop and periodically revise the state plan for early childhood.

FEATURES AND PRODUCTS:

Two local education agencies (LEA) were model interagency coordination sites for early childhood services during the planning phase. These LEAs will provide technical assistance to other local advisory committees and help other LEAs implement the state's locally based computerized tracking system.

South Dakota

TYPE OF GRANT: state plan grant (development phase)

PROGRAM DIRECTOR: George Levin PHONE: (605) 773-3678

PROJECT DIRECTOR: Paulette Levisen PHONE: (605) 773-5239

STATE PLAN GRANTEE ADDRESS:
Division of Education
Section for Special Education
700 Governors Drive
Pierre, South Dakota 57501

SPECIALNET USER NAME: SDAKOTASSE

FISCAL AGENCY:
Division of Education
Section for Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Deborah Barnett (Acting) PHONE: (605) 773-3678

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: birth to age 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop and gain approval of the Early Childhood State Plan by developing policies that relate to children, parents, personnel, systems, and evaluation.
- To continue to support the development of local interagency councils and to address interagency needs at the state level.
- To develop and implement pilot projects relating to child identification, parent training and involvement, personnel, and systems.

INTERAGENCY COMPONENT:

The Departments of Education, Health, and Social Services are represented on the Interagency Council, which is the steering committee for development of the Early Childhood State Plan. A local interagency council model has been developed and piloted, and is being replicated at other sites.

FEATURES AND PRODUCTS:

A statewide tracking system for handicapped children birth to age 5 years will be explored. South Dakota will develop a comprehensive evaluation plan for implementing its comprehensive service delivery system (CSDS). Local interagency councils will be encouraged and supported, and a state-level comprehensive interagency agreement will be developed and approved.

Tennessee

TYPE OF GRANT:	state plan grant (planning phase)		
DIRECTOR:	Karen Edwards	PHONE:	(615) 741-5274
COORDINATOR:	Mary Porter	PHONE:	(615) 741-5274
STATE PLAN GRANTEE ADDRESS:	James K. Polk Building, Suite 1600 505 Deaderick Nashville, Tennessee 37219		
SPECIALNET USER NAME:	TENNESSEESE		
FISCAL AGENCY:	Tennessee Department of Education Division of Special Programs		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	JoLeta Reynolds	PHONE:	(615) 741-2851 741-2971

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: age 4 to 21 years; from age 3 years, if deaf.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop and gain approval for a comprehensive, coordinated system of early intervention services in Tennessee.
- To recommend remedies for discrepancies between essential services identified by the Preschool Services Planning Committee and services currently being provided.
- To strengthen interagency collaboration at the state, regional and local level.
- To design an evaluation system which assesses intervention service delivery and interagency coordination.
- To promote awareness of the benefits of coordinated early intervention services and strengthen support at state, legislative and local levels.

INTERAGENCY COMPONENT:

Interagency coordination will involve state and local agencies, parents, physicians, and related associations and groups. Participants will represent the Governor's Office; the Departments of Education, Health and Human Services; local public and private service providers; and Head Start.

FEATURES AND PRODUCTS:

Products include a guide for coordinated community approaches to early identification; a guide on conditions that place children at risk; a portfolio of information for improving services to parents; and a flyer giving physicians and diagnosticians suggestions on communicating with parents. The Tennessee Children's Services Commission is coordinating the planning activities of the State Plan Grant program.

Texas

TYPE OF GRANT: state plan grant (development phase)

DIRECTOR: Mary O. Elder PHONE: (512) 465-2671

COORDINATOR: Donna Derkacz PHONE: (512) 465-2671

STATE PLAN GRANTEE ADDRESS:
Texas Department of Health
Early Childhood Intervention Program
1101 West 49th Street
Austin, Texas 78756

SPECIALNET USER NAME: TX.SE

FISCAL AGENCY: Texas Department of Health

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: Jill Gray PHONE: (512) 463-9414

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: age 3 to 21 years; birth through age 2 years for visually impaired, hearing impaired, and deaf-blind; comprehensive services birth to age 6 years for children with developmental delays.

Permissive: birth through age 2 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To design a comprehensive, coordinated data collection system.
- To coordinate the resources and activities of state and local service providers.
- To develop an early identification and tracking system.
- To monitor the implementation of State Plan goals.

INTERAGENCY COMPONENT:

The Early Childhood Intervention (ECI) Program was established in 1981 to develop a statewide system for identifying and providing services to children birth to age 6 years who have, or at risk for, developmental disabilities. The Texas Education Agency, Department of Human Resources, Department of Mental Health and Mental Retardation, Department of Health, and a parent appointed by the governor comprise the Interagency Council for Early Childhood Intervention.

FEATURES AND PRODUCTS:

A statewide evaluation system to measure child progress and the impact of intervention on families will be considered. Community-based early identification and tracking systems will be tested at pilot sites. A statewide training and technical assistance program, based on needs assessments by 0-3 programs, is being implemented. An interagency workbook for local-level planning has been developed. An internal data collection system on ECI-funded programs has been developed to describe services in the field.

Trust Territory of the Pacific

TYPE OF GRANT:	state plan grant (planning phase)		
DIRECTOR:	Elizabeth Rechebei	PHONE:	011 (670) 322-9312
COORDINATOR:	Dilmei Olkeriil	PHONE:	International Operator (160-691-2153)
STATE PLAN GRANTEE ADDRESS:	Special Education Program TTPI Department of Education P.O. Box 27 CHRB Capitol Hill Saipan, CM 96950		
FISCAL AGENCY:	Special Education Program TTPI Department of Education		
ADMINISTRATIVE AGENCY:	Office of the High Commissioner		
PERIOD OF FUNDING:	1986-87		
DIRECTOR OF SPECIAL EDUCATION:	Elizabeth Rechebei	PHONE:	011 (670) 322-7312

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To design a multiagency service delivery model in the State of Yap for children birth to age 5 years who currently do not receive services.
- To design systematic education and counseling programs for the parents of unserved children.
- To design an evaluation system to assess the benefits of grant activities.
- To ascertain strengths and weaknesses of public and private agencies and to ascertain what educational and related services are needed.
- To facilitate the development of early childhood legislation.

INTERAGENCY COMPONENT:

State and local education officials will participate in planning activities and will supply needed information, technical assistance, and related support services. Input is expected from the Departments of Public Health and Education, and from Head Start, day care providers, Advisory Council for the Handicapped, Community College of Micronesia, Maternal/Child Health (MCH) Project, and others.

FEATURES AND PRODUCTS:

Products will include an interagency contact list, a description of current and needed services, report on demographic information, report on status of current legislation, agency policies, training opportunities, and cost data. Interagency agreements are anticipated also, and all data collected will be computerized. A variety of public awareness and advocacy activities are planned.

Utah

TYPE OF GRANT:	state plan grant (development phase)	
CO-DIRECTORS:	Peter Van Dyck Bruce Griffin Gary Nakao	PHONE: (801) 538-6161 533-5061 533-7146
COORDINATOR:	Jerry Christensen	PHONE: (801) 533-7146
STATE PLAN GRANTEE ADDRESS:	Division of Services to the Handicapped 120 North 200 West Salt Lake City, Utah 84103	
SPECIALNET USER NAME:	UT.SE	
FISCAL AGENCY:	Utah Department of Health	
ADMINISTRATIVE AGENCY:	Joint Interagency Coordinating Committee	
PERIOD OF FUNDING:	1986-87	
STATE DIRECTOR OF SPECIAL EDUCATION:	Steve Kukic	PHONE: (801) 533-5982

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 21 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop a comprehensive interagency program that includes (1) direct services to handicapped and at-risk children birth to age 5 years, and (2) family support services.
- To develop a statewide system of personnel development.
- To develop a statewide early identification and placement system.
- To increase community awareness of (1) the needs of handicapped and at-risk populations prenatally and birth to age 5 years, and (2) the services that are available to these populations.

INTERAGENCY COMPONENT:

The Departments of Health, Education, and Social Services make up the project's Joint Interagency Coordinating Committee (JICC). A representative from each agency serves as a co-director of the project, and together they form the project's management board, which reports to the JICC. The project also has an interagency advisory board consisting of parents, preschool providers, and representatives from various agencies.

FEATURES AND PRODUCTS:

A centralized interagency referral, information, and resource network will be established. A statewide case management system and a format for an interagency Individual Service Plan are being developed.

Vermont

TYPE OF GRANT:	state plan grant (development phase)		
DIRECTOR:	Marc Hull	PHONE:	(802) 828-3141
COORDINATOR:	Kristin Reedy	PHONE:	(802) 828-3141
STATE PLAN GRANTEE ADDRESS:	Vermont Department of Education Division of Special and Compensatory Education 120 State Street Montpelier, Vermont 05602		
SPECIALNET USER NAME:	VT.SE		
FISCAL AGENCY:	Vermont Department of Education Division of Special and Compensatory Education		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1986-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Theodore Riggen	PHONE:	(802) 828-3141

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated:	age 5 to 22 years. (Kindergarten mandate becomes effective in September 1988.)
Permissive:	birth through age 4 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To develop policies and guidelines for early childhood programs.
- To establish quality indicators and procedures for evaluating early education programs.
- To provide training and technical assistance to early education programs, parents, and personnel in human service agencies.
- To develop agreements clarifying the interrelationships among agencies which provide services to handicapped preschoolers.
- To draft and introduce legislation mandating services to handicapped children age 3 to 5 years.
- To develop and present to the Department of Education a draft of the State Plan.

INTERAGENCY COMPONENT:

Cooperating agencies are the Departments of Education, Health, Mental Health, and Social and Rehabilitation Services; Vermont Head Start; the University of Vermont Center for Developmental Disabilities; and advocacy and parent groups. Formal agreements are being developed.

FEATURES AND PRODUCTS:

Publications slated for development or revision include Handbook of Recommended Policies for Essential Early Education (EEE) Programs; Early Childhood Assessment Guide; Vermont Resources for Young Children; EEE Parent Handbook; EEE Curriculum Guide; EEE Best Practices Manual; EEE/ECE Directory; and EEE Acceptable Test List.

Virgin Islands

TYPE OF GRANT:	state plan grant (planning phase)	
COORDINATOR:	Dana Fredebaugh	PHONE: (809) 774-4399
STATE PLAN GRANTEE ADDRESS:	Department of Education Division of Special Education P.O. Box 6640 St. Thomas, U.S. Virgin Islands 00801	
SPECIALNET USER NAME:	VI.SE	
FISCAL AGENCY:	Department of Education Division of Special Education	
ADMINISTRATIVE AGENCY:	same	
PERIOD OF FUNDING:	1985-87	
STATE DIRECTOR OF SPECIAL EDUCATION:	Priscilla Stridiron	PHONE: (809) 774-4399

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated: age 3 to 5 years.
Permissive: birth through age 2 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To promote interagency cooperation to ensure identification and provision of services, including family training and counseling, at the earliest age possible.
- To establish an interagency agreement that includes programs for personnel development, community awareness, and parent education.
- To establish a child identification system for at-risk and handicapped children birth through age 5 years.
- To offer direct services to children in conjunction with technical assistance to families and preschool teachers.
- To conduct an evaluation of interagency strategies and activities.
- To develop a Quantifiable Evaluation Plan.

INTERAGENCY COMPONENT:

The state education department plans cooperative efforts with officials from the Department of Health Divisions of Maternal and Child Health/Community Health and Mental Health, and from day care providers, Social Welfare, Lutheran Social Services, the Commission on the Handicapped, Community Action Agency, Head Start, and the College of the Virgin Islands. An agreement between the state education agency and Head Start will remain in effect throughout the grant period.

FEATURES AND PRODUCTS:

Features include progress statements, interagency agreements, needs assessments, a computerized tracking checklist and other data sheets, evaluation reports, and dissemination activities.

Virginia

TYPE OF GRANT: state plan grant (development phase)

SUPERVISOR: Andrea Lazzari PHONE: (804) 225-2873

COORDINATOR: Joal S. Read PHONE: (804) 225-2068

STATE PLAN GRANTEE ADDRESS:
Virginia Department of Education
Division of Special Education Programs
P.O. Box 6Q
Richmond, Virginia 23216-2060

SPECIALNET USER NAME: VA.SE

FISCAL AGENCY:
State Department of Education
Division of Special Education Programs

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1986-87

STATE DIRECTOR OF SPECIAL EDUCATION: N. Grant Tubbs PHONE: (804) 225-2402

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 2 to 5 years.
Permissive: birth to age 2 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To revise and secure approval for the comprehensive State Plan for the Education of Young Handicapped Children.
- To develop procedures to facilitate program transitions.
- To evaluate the strengths and weaknesses of service delivery options for children birth to age 2 years.
- To further develop parent training and child identification and assessment services for young migrant special needs children.
- To disseminate grant information and products.
- To coordinate planning with state agencies, other states, and national efforts.

INTERAGENCY COMPONENT:

An Interagency Early Childhood Planning Group meets quarterly to provide recommendations on grant activities; subcommittees of the planning group are charged with completing various grant activities. The planning group consists of representatives from the Departments of Education, Health, Mental Health and Mental Retardation, and Social Services; and with the Visually Handicapped; Rights of the Disabled; and parents.

FEATURES AND PRODUCTS:

A transition procedures manual for program use and a transition notebook or workbook for parents will be developed. Model interagency programs for children birth to age 2 years will be developed and evaluated at five sites. These five programs will be models for other infant programs in the state and will pilot project materials dealing with transition.

Washington

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Susan Baxter PHONE: (206) 753-1233

COORDINATOR: Joan Gaetz PHONE: (206) 753-0317

STATE PLAN GRANTEE ADDRESS:
Division of Children and Family Services
Mail Stop OB-41
Olympia, Washington 98504

SPECIALNET USER NAME: WA.SE

FISCAL AGENCY:
Superintendent of Public Instruction
Division of Special Services

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1985-87

STATE DIRECTOR OF SPECIAL EDUCATION: Greg Kirsch PHONE: (206) 753-6733

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 3 to 5 years.
Permissive: birth to age 3 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To ensure comprehensive, coordinated services to young children birth to age 6 years and their families.
- To maintain a state-level interagency steering committee and four working committees to help state and local agencies provide comprehensive services.
- To develop and implement a comprehensive state-level needs assessment.
- To identify and put in place local interagency coordinating teams to conduct a community-based needs assessment, and subsequent action plans for comprehensive services.

INTERAGENCY COMPONENT:

A steering committee and task force will maximize cooperation with all agencies and institutions that have interest in and responsibility for children age birth to age 6 years. Coordination is planned for activities relating to P.L. 94-142, P.L. 99-457, and the Preschool Incentive Grant.

FEATURES AND PRODUCTS:

Activities will include regional awareness and training conferences to introduce planning and coordination models from other states. Local planning teams will be established to guide program development. A needs assessment will address program options, appropriateness of services, accessibility, parent involvement, personnel development, legislative support, eligibility criteria, funding, and service overlaps or gaps. Products will include an executive summary with recommendations to policy-makers; a developmental "prescreening wheel" to encourage early referral of high-risk children, birth to age 6 years; and the results of a state needs survey of 350 families.

West Virginia

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Pamela K. George PHONE: (304) 348-2696

STATE PLAN GRANTEE ADDRESS:
Department of Education
Office of Special Education
Building 6, Room B-304
Capitol Complex
Charleston, West Virginia 25305

SPECIALNET USER NAME: WVIRGINIAOSE

FISCAL AGENCY:
West Virginia Department of Education
Office of Special Education

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1985-87

STATE DIRECTOR OF SPECIAL EDUCATION: William Capehart PHONE: (304) 348-8830

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:
Mandated: age 5 to 23 years; age 3 to 23 years for the severely handicapped.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To design a Comprehensive State Plan to deliver special education and related services to children birth to age 5 years.
- To increase statewide awareness about benefits of existing and potential services, and about the long-term effects of early intervention.
- To assess the current status of and specific needs for comprehensive services.
- To establish a statewide child tracking system for preschoolers.
- To work closely with the State Interagency Preschool Advisory Council in developing interagency agreements needed to plan a comprehensive service delivery system (CSDS) and to increase public awareness.

INTERAGENCY COMPONENT:

Interagency cooperation will be fostered by the State Interagency Preschool Advisory Council and by professional organizations with expertise in serving preschool handicapped children.

FEATURES AND PRODUCTS:

The project will produce a needs assessment and reports on existing services, resources, and needs. The project also will stimulate interagency cooperation at the county level. Through improved management, current services are expected to improve in quality and to become more accessible.

Wisconsin

TYPE OF GRANT:	state plan grant (planning phase)		
DIRECTOR:	Jim McCoy	PHONE:	(608) 266-1000
PRINCIPAL INVESTIGATOR:	John Stadtmueller	PHONE:	(608) 266-6981
PROGRAM SUPERVISOR:	Jenny Lange	PHONE:	(608) 267-9172
STATE PLAN GRANTEE ADDRESS:	State Department of Public Instruction Division for Handicapped Children and Pupil Services P.O. Box 7841 Madison, Wisconsin 53707		
SPECIALNET USER NAME:	WI.SE		
FISCAL AGENCY:	Department of Public Instruction Division for Handicapped Children and Pupil Services		
ADMINISTRATIVE AGENCY:	same		
PERIOD OF FUNDING:	1985-87		
STATE DIRECTOR OF SPECIAL EDUCATION:	Victor J. Contrucci	PHONE:	(608) 266-1649

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Mandated:	age 3 to 5 years.
Permissive:	birth to age 3 years.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To assemble a 15-member State Plan Grant Advisory Committee.
- To assess the educational, health and related services needed by young handicapped children and their families.
- To identify all the options that are possible for children birth to age 2 years relative to 1) administration and funding, 2) service delivery, and 3) eligibility criteria.
- To identify the need for interagency agreements, legislation policies, and administrative systems to effectively provide services.

INTERAGENCY COMPONENT:

Needs assessment procedures and planning activities will involve major organizations, agencies, and institutions that currently provide services to young handicapped children.

Wyoming

TYPE OF GRANT: state plan grant (planning phase)

DIRECTOR: Dennis Donahue PHONE: (307) 777-7414

COORDINATOR: Armena Rooney Taylor PHONE: (307) 766-5103

STATE PLAN GRANTEE ADDRESS:
University of Wyoming
Box 3114, University Station
Laramie, Wyoming 82071

SPECIALNET USER NAME: WY.SE

FISCAL AGENCY: University of Wyoming (subcontract)

ADMINISTRATIVE AGENCY: same

PERIOD OF FUNDING: 1985-87

STATE DIRECTOR OF SPECIAL EDUCATION: Ken Blackburn PHONE: (307) 777-7414

STATE LEGISLATION FOR SPECIAL EDUCATION SERVICES:

Permissive: birth to school age.

MAJOR OBJECTIVES AND PURPOSES FOR 1986-1987:

- To report the state of the art of services for early childhood.
- To determine discrepancies between needs and available services.
- To report the state of the art on assessment tools and techniques for early childhood.
- To identify interagency commitments for coordinated services at state and local levels.
- To continue to provide technical assistance to early childhood programs.
- To plan the design of a comprehensive state plan for children birth to age 6 years.

INTERAGENCY COMPONENT:

Three levels of interagency activity are proposed. A steering committee of state agency administrators will review services and make recommendations. An advocacy council representing the state, parents, and service providers will assist with the needs assessment. Subgroups will help with program development.

FEATURES AND PRODUCTS:

To promote interagency cooperation, officials attended a two-day Intermountain Interagency Inservice Institute where an advisory council, subcommittee, and a steering committee were selected.

CIREEH

Carolina Institute for Research on Early Education of the Handicapped

ADDRESS: 301 NCNB Plaza
Chapel Hill, North Carolina 27514
PHONE: (919) 962-2001

FISCAL AGENCY: Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill

PRINCIPAL INVESTIGATOR: James J. Gallagher
COORDINATORS: Jean W. Gowen and Gail S. Huntington

MAJOR OBJECTIVES:

- To conduct three coordinated five-year research projects that focus on the families of young moderately and severely handicapped children birth to age 5 years.
- To develop training and intervention materials to be used by parents and professionals.
- To disseminate materials, results from the research projects, and other institute papers on families of handicapped children.
- To train graduate students to research families of handicapped children.
- To coordinate activities of this institute with those of the other HCEEP early childhood research institutes.

MAJOR ACTIVITIES:

The purpose of the Fathers Present/Fathers Absent project is to identify both informal and formal sources of support that contribute to successful adaptation in two-parent and single-parent families of young handicapped children. Through a series of studies, the project addresses six objectives: 1) to compare families of young handicapped and nonhandicapped children on levels of support, stress, and family adaptation to the child; 2) to compare maternal and paternal adaptation to their handicapped child; 3) to assess the immediate and longitudinal contributions of different types of paternal support to successful child and family adaptation in two-parent families of young handicapped and nonhandicapped children; 4) to identify both informal and formal sources of support related to successful adaptation in single-parent and two-parent families of young handicapped children; 5) to identify obstacles to parent involvement in early intervention programs; and 6) to assess the generalizability of selected findings from North Carolina studies to families of handicapped children in different geographic areas of the country. One hundred and sixty-nine families are participating in the North Carolina longitudinal studies. An additional 400 families also were assessed on a single occasion at selected sites throughout the United States.

The overall purpose of the Parent-Child Reciprocity project is to provide longitudinal data to assist both researchers and interventionists in understanding the patterns of development in very young handicapped children, and their families' responses to them. Twenty handicapped children and their families were assessed when the children were 11, 15, 19 and 27 months of age. A comparison sample of 20 nonhandicapped infants and their families were assessed when the children were 6, 11, 15, 19, and 27 months of age, to permit chronological and developmental age comparisons. Assessment procedures included standardized developmental measures, child rating scales, videotaped mother-child interaction, parent questionnaires, and assessment of information-processing abilities. These procedures yielded indices of mental and motor development; ratings of affective, social, and attentional behavior; level of object play; ratings of mother-child interaction, parental depression and social support; caregiving difficulty; parental perceptions of child readability; and parents' perceptions of themselves, their infants and their family. Analyses currently are being conducted on research questions focusing on the comparisons between the handicapped and nonhandicapped groups, the interrelationships among child characteristics and parental perceptions, and the longitudinal trends in individual variables and their interrelationships. The F.A.M.I.L.I.E.S. project (Family Assessment, Monitoring of Intervention, and Longitudinal Investigation of Effectiveness Studies) has developed and implemented a functional model for planning, implementing, and evaluating individualized family services. During the first two years of the project, descriptive data were gathered on 100 families receiving home-based intervention services. From the results of this study, a Family-Focused Intervention model was developed during the third year, and implemented during the fourth and fifth years. Evaluation of the implementation data indicates, among other things, that utilization of the model increases the number of family goals that are written; that the focused interview, a central aspect of the model, affects more than a quarter of the final child and family goals; and that assessment of individual family needs provides information that is translated directly into service targets.

RESOURCES AVAILABLE:

The CIREEH I Final Report (limited supply), CIREEH I abstracts, Announcement of CIREEH II, CIREEH II Annual Report for Year 3, and a CIREEH II publications list are available from the institute. Other available publications are listed in the CIREEH I abstracts and CIREEH II publications list.

Early Childhood Research Institute

ADDRESS: University of Pittsburgh
Western Psychiatric Institute
and Clinic
3811 O'Hara Street
Pittsburgh, Pennsylvania 15213
PHONE: (412) 624-2012

FISCAL AGENCY: University of Pittsburgh

PRINCIPAL INVESTIGATOR: Phillip S. Strain PHONE: (412) 624-0349
ASSISTANT DIRECTORS/COORDINATORS: Linda Cordisco, Howard Goldstein, Frank Kohler, John McGonigle, Diane Sainato, Vincent Van Hasselt

MAJOR OBJECTIVES:

- To develop procedures for assessing and teaching social and related skills to severely handicapped preschool children so they may participate successfully in instructional settings with nonhandicapped or less handicapped children.
- To develop treatment procedures that will eliminate disruptive behavior and produce behavior gains in the areas of social interaction, language development, and independent work and play skills.
- To develop training procedures to produce gains in parenting skills.
- To validate treatment gains by assessing if severely handicapped children who receive these treatments in a preschool classroom will be placed in environments less restrictive than environments receiving similar children who participate in other preschool programs. The experimental and comparison groups of preschool children will be assessed and compared: a) during their preschool years, to compare child progress; b) following placement in public schools, to compare follow-up progress and the restrictiveness of placement; and c) in the home (during and after preschool treatment), to assess changes in family stress, insularity from the community, and depression as functions of treatment.

MAJOR ACTIVITIES:

Year Five of the Early Childhood Research Institute marked the mid-point of a three-year validation study. This study will test the effects of empirically derived treatments in the social, communicative, independent performance, disruptive behavior, and parent training areas. In addition to the validation study, research in five skill areas will continue to refine treatment procedures.

RESOURCES AVAILABLE:

Materials and products include intervention packages for child self-management, conducting classroom transitions, group instruction, social skills training, communications training, and parenting skills. The Institute has produced 80 papers and reports describing findings and intervention procedures. Consultation and training are available to direct service providers.

Early Intervention Effectiveness Institute

ADDRESS: Developmental Center for Handicapped Persons PHONE: (801) 750-2029
Utah State University
Logan, Utah 84322-6870

FISCAL AGENCY: Utah State University

DIRECTOR: Karl R. White
COORDINATORS: Chuck Lowitzer, Kathryn Haring, and Diane Behl

MAJOR OBJECTIVES:

- To examine the costs and immediate and long-term effects of early intervention for handicapped children and families by conducting 16 longitudinal studies in which children are provided with alternative types of early intervention programs. In each study, children have been assigned randomly to one of two groups in which the type of intervention varies along dimensions of intensity/duration, age at start, or type of intervention provided.
- To develop and pilot-test a data collection/evaluation system which can be used on a nationwide basis for collecting information about the nature of the intervention program, characteristics of participating children and families, and costs and effects of the intervention.
- To demonstrate the feasibility of field-based research which utilizes randomized designs, impartial data collection, economic evaluation, and verification of treatment implementation.

MAJOR ACTIVITIES:

The project is in its second year of a five-year contract. During the first year a series of feasibility studies were conducted. Participating sites were selected and procedures for monitoring treatment, implementation, collecting cost data, and assessing child and family outcomes were refined and finalized.

During the current year, the 16 longitudinal studies began with the assignment of children to alternative treatment groups and monitoring of the initiation of early intervention services for each group. Children with a wide range of handicapping conditions (e.g., severely handicapped, visually impaired, hearing impaired, medically fragile) have been included in the studies, which are geographically dispersed throughout the country. Substantial effort has been devoted to identifying or developing appropriate measures of child and family functioning in order to assess the impact of intervention. Techniques employing videotaped procedures are being used, as well as more standard measures of child functioning. Particular attention will be paid to documenting the degree of child and family participation in the intervention program, so that this variable can be accounted for in the analysis of effects.

Staff also have developed and pilot-tested the first draft of the Early Intervention Program Inventory, which can be used to describe the intervention program being delivered, the children participating in the program, and the costs and effects of the program.

RESOURCES AVAILABLE:

Technical assistance in research design and analysis, and training in economic evaluation are available from the project.

Early Intervention Research Institute

ADDRESS: Developmental Center for
Handicapped Persons
Utah State University
Logan, Utah 84322-6870

PHONE: (801) 750-2029

FISCAL AGENCY: Utah State University

CO-DIRECTORS: Glendon Casto and Karl White
PRINCIPAL INVESTIGATORS: Steven Barnett, Thomas Scruggs, and Margo Mastropieri

MAJOR OBJECTIVES:

- To review the findings of previously conducted research on early intervention to determine what is known, what gaps exist, and where future research should focus, and to update this review annually and integrate the findings from this update with the institute's own ongoing work.
- To conduct an integrated research program (including longitudinal research) focused on important problems and cost effectiveness issues encountered at typical service settings.
- To disseminate information about the institute's findings and products to a broad audience of professionals and families.
- To train graduate students and research assistants in research techniques and effective methods of intervening with preschool handicapped populations.
- To evaluate formally the impact of the institute's findings and products on the field of early intervention.
- To solicit input, criticism, and feedback from a broad constituency (advisory committee members and others) to ensure that the institute's direction and procedures are appropriately focused and are being carried out in a way that will result in the broadest possible impact.

MAJOR ACTIVITIES:

Using meta-analysis techniques, the institute is continuing to review and integrate findings from the hundreds of completed research reports concerning early intervention with handicapped preschoolers. During the preceeding year, the results of single-subject studies were analyzed and integrated into the data set. Currently the institute is conducting studies of the cost effectiveness of different intensities of parental involvement in early intervention. The importance of age at the start of early intervention is being studied with handicapped infants who have suffered varying degrees of introventricular hemorrhage.

RESOURCES AVAILABLE:

Meta-Analysis Training, Cost Analysis Training, an annotated bibliography of early intervention research studies, a compendium of assessment instruments, and 40 publications and research reports are available from the institute.

START

State Technical Assistance Resource Team

ADDRESS: START
Suite 500 NCNB Plaza
Chapel Hill, North Carolina 27514

PHONE: (919) 962-2001

SPECIALNET USER NAME: FPGCENTER
SCAN USER NAME: MRRC.NC

ADMINISTRATIVE/
FISCAL AGENCY: Frank Porter Graham Child Development Center
The University of North Carolina at Chapel Hill

DIRECTOR AND
PRINCIPAL INVESTIGATOR: Pascal Trohanis

SERVICES:

START was established in October 1984 under P.L. 98-199 to provide technical assistance (TA) to the HCEEP State Plan Grant program, and currently serves all 50 states, the District of Columbia, and U.S. territories. The objectives of START TA are: to help each State Plan Grant project develop and implement a plan for comprehensive delivery of services to young handicapped children birth to age 5 years and their families; to provide assistance to other HCEEP projects; to promote collaboration and cooperation among programs and individuals on the federal, state, and local levels; to promote awareness of proven program models; and to assist projects in addressing common, unresolved concerns and issues about comprehensive service delivery. START provides this assistance through a variety of strategies. These include onsite consultation, information searches, small group workshops, conferences, telephone consultations, teleconferences, and review/critiques. Among topics covered in TA are needs assessment, interagency planning, and parent involvement.

During 1986-87, START also was given funding from OSEP for the provision of technical assistance to HCEEP demonstration and outreach projects through the related Technical Assistance Development System (TADS).

First- and second-year demonstration projects receive direct and comprehensive TA which includes an assessment of project needs, agreement on plans for services designed to meet those needs, on-site consultation, small groups, TA meetings, information referral and reviews and critique. Telephone consultation, teleconferences, and information services are provided to third-year demonstration and outreach projects. TA services address such areas as program planning, evaluation, curriculum development, services to children, parent involvement, staff development, demonstration and dissemination, continuation funding, and project administration.

START coordinates TA services through a core staff located at the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill, and draws on consultants and other resources throughout the country. The National Association of State Directors of Special Education (NASDSE) is a subcontractor to START.

PRODUCTS AVAILABLE:

During 1986-87 START has developed several publications, including the annual HCEEP Overview and Directory, three issues of Newsline, and resource packets on topics such as Child Find, P.L. 99-457, and evaluation. Other recent products developed by START include A Comparative Analysis of Selected

Federal Programs Serving Young Children (1986), Assessing Interagency Coordination through Process Evaluation (1985), State Resource Directory, a quarterly newsletter for State Plan Grant projects, and resource packets on needs assessment, state legislation, MCH block grant, tracking, EPSDT, and Developmental Disabilities.

START also makes available to HCEEP projects and other professionals a variety of publications produced by TADS over the past 15 years. These include the HCEEP Overview and Directory (1985-86 and earlier editions); the Dear Colleague Letter, TADS' semiannual newsletter (1983-1986); Microcomputers for Early Childhood Special Education (1985); A Guide to Measures of Social Support and Family Behaviors (1985); An Introduction to Planning Local Programs for Young Handicapped Children (1985); Planning Programs for Infants (1985); Outreach and States Working Together (1985); Common Outreach Indicators (1985); Adult Education: Theory and Practice (1985); Assessment of Child Progress (1985); Time Management (1985); Benefits of Early Intervention for Special Children (second edition, 1984); Evaluating Interagency Collaboration (1984); Planning for Dissemination (1983); Print (1983); CBAM (1983); Mainstreaming in Early Education (1983); Affecting State Legislation for Handicapped Preschoolers (1983); Analyzing Costs of Services (1982); Interagency Casebook (1982); Curricula for High-Risk and Handicapped Infants (1982); Issues in Neonatal Care (1982); Strategies for Change (1982); Early Childhood Special Education Primer (1981); Planning for a Culturally Sensitive Program (1981); Serving Young Handicapped Children in Rural America (1980); Finding and Educating High-Risk and Handicapped Infants (1980); and Program Strategies for Cultural Diversity: Proceedings of the 1980 Minority Leadership Worskhop (1980). A complete list of publications developed by TADS is available from START.

Index

The Index serves as a key to HCEEP projects' specific demographic and operating characteristics. Identification numbers represent the projects as indicated in the Project List. The numbers also indicate the page numbers of the abstracts in the Directory section.

Direct Services: Demonstration and Outreach Projects

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Assessment Measures for Planning Intervention

This list represents only those assessments methods that are used by two or more projects. Individual project abstracts contain further information on assessment methods not reflected here.

Alpern-Boll Developmental Profile. 69, 86, 108(b)

Als Behavioral Observation. 15, 44, 66.

Assessment in Infancy: Ordinal Scales of Psychological Development (Uzgiris-Hunt). 39, 51, 63, 65, 66, 91, 105.

Batelle Developmental Inventory. 13, 32, 54, 55, 64, 65, 66, 69, 74, 86, 87, 91, 101, 103, 108(b).

Bayley Scales of Infant Development. 2, 5, 14, 15, 18, 34, 39, 44, 46, 53, 66, 68, 74, 87, 92, 95, 101.

Brazelton Neonatal Assessment Scales. 2, 35, 66.

Brigance Inventory of Early Development. 11, 18, 23, 25, 36, 46, 55, 61, 64, 69, 70, 71, 101, 103, 108(b).

Bzoch-League Receptive-Expressive Emergent Language Scale (REEL). 8, 15, 18, 21, 47, 68, 86, 87, 88, 105.

California Preschool Social Competency Scale. 11, 61.

Callier-Azusa Scales. 35, 65, 79.

Carolina Curriculum for Handicapped Infants (Johnson, Jens, & Attermeier). 2, 3, 13, 15, 35, 51, 79.

Carolina Record of Individual Behavior (CRIB). 13, 14, 15, 74.

Denver Developmental Screening Test. 3, 18, 26, 34, 42, 46, 53, 74, 87, 92, 104.

Developmental Programming for Infants and Young Children. 7, 36, 65, 69, 91, 95.

Developmental Therapy. 11, 44, 66.

Early Intervention Development Profile. 26, 41, 42, 69, 77.

Early Learning Accomplishment Profile (Early LAP). 1, 9, 17, 18, 25, 26, 47, 48, 78, 88, 94, 95, 104, 105, 109.

ERIN Developmental Inventory of Learned Skills (DILS). 75, 90.

Evaluation and Programming System for Infants and Young Children. 59, 80.

Gesell Developmental Kit. 5, 6, 66, 95.

Goldman-Fristoe Test of Articulation. 23, 33, 61, 70, 94, 101, 104, 109.

EDITOR'S NOTE: The Model Preschool Outreach Project in Seattle, Washington, contains two distinct programs: the Communication Model and the Down Syndrome Model. For purposes of this Index, these models are referred to as 108(a) and 108(b), respectively.

Hawaii Early Learning Profile (HELP). 3, 14, 17, 21, 32, 36, 46, 65, 105.

Home Observation for Measurement of the Environment (HOME). 2, 5, 13, 15, 17, 20, 55, 66, 74, 87, 88.

Infant Temperament Scales (Carey-McDevitt revision). 8, 56.

Learning Accomplishment Profile (LAP). 1, 9, 18, 25, 47, 48, 78, 88, 94, 95, 109.

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McCarthy Scales of Children's Abilities. 11, 48, 66, 98, 104.

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Minnesota Child Development Inventory. 5, 82.

Nursing Child Assessment Satellite Training (NCAST). 2, 8, 19, 20, 66.

Peabody Motor Scales. 39, 63, 69.

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Portage Behavior Checklist. 25, 63, 95.

Pre-School Language Scale (Zimmerman). 33, 61, 71, 88, 95, 101, 103, 109.

REEL (see Bzoch-League).

Sequenced Inventory of Communication Development. 33, 36, 39, 42, 61, 66, 71, 91, 94, 109.

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Vineland Social Maturity Scale. 94, 95.

Vulpe Assessment Battery. 65, 91, 104.

Assessment Measures for Program Evaluation

This list represents only those evaluation methods that are used by two or more projects. Individual projects abstracts contain further information on methods not reflected here.

Alpern-Boll Developmental Profile. 69, 86.

Assessment in Infancy: Ordinal Scales of Psychological Development (Uzgiris, Hunt). 63, 66, 86, 105.

Batelle Developmental Inventory. 13, 30, 32, 60, 62, 64, 65, 71, 74, 86, 91, 92, 101, 108(b).

Bayley Scales of Infant Development. 5, 14, 15, 19, 35, 39, 46, 53, 59, 66, 68, 74, 77, 87, 105.

Brigance Inventory of Early Development. 25, 36, 46, 55, 61, 69, 70, 103.

Bzoch-League Receptive-Expressive Emergent Language Scale (REEL). 15, 48, 86, 87, 88, 105.

California Preschool Social Competency Scale. 11, 61, 75, 83, 95.

Carolina Curriculum for Handicapped Infants Profile (Johnson, Jens, & Attermeier). 2, 3, 35, 51, 79.

Denver Developmental Screening Test. 3, 26, 42, 46, 53, 74.

Early Intervention Developmental Profile. 26, 41, 42, 77.

Early Learning Accomplishment Profile (Early LAP). 1, 9, 17, 22, 47, 48, 78, 88, 94, 104, 105, 109.

Evaluation and Programming System for Infants and Young Children. 59, 80.

Gesell Developmental Kit. 5, 6, 66.

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Home Observation for Measurement of the Environment (HOME). 2, 5, 17, 20, 46, 55, 66, 77.

Kaufman Assessment Battery for Children (K-ABC). 23, 83, 84.

Learning Accomplishment Profile (LAP). 1, 9, 22, 47, 48, 78, 88, 94, 109.

Learning Accomplishment Profile - Diagnostic Edition (LAP-D). 25, 82, 98, 104.

McCarthy Scales of Children's Abilities. 11, 30, 47, 48, 66, 95, 98, 104.

Milani-Comparetti Motor Development Test. 66, 109.

Nursing Child Assessment Satellite Training (NCAST). 2, 19, 20, 66, 77.

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Portage Behavior Checklist. 25, 63.

Pre-School Language Scale (Zimmerman). 33, 71, 109.

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Sequenced Inventory of Communication Development. 30, 33, 36, 61, 71, 78, 98, 109.

SKI*HI Language Development Scale. 20, 48, 107.

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Social Interaction Assessment. 30, 79, 91, 104.

Stanford-Binet Intelligence Scale. 71, 92.

Uzgiris-Hunt (see Assessment in Infancy).

Vineland Social Maturity Scale. 8, 39, 47, 65, 78, 94.

Curricula for Children

This list represents only those curricula that are used by two or more projects. Individual project abstracts contain further information on curricula not reflected here.

Carolina Curriculum for Handicapped Infants. 2, 3, 15, 35, 41, 51, 79, 87.

Cognitively Oriented Curriculum (High/Scope). 23, 25, 75, 82.

Curriculum and Monitoring System (CAMS). 62, 70, 101.

Developmental Programming for Infants and Young Children. 7, 8, 41, 65.

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ERIN Curriculum. 46, 75, 90.

Hawaii Early Learning Profile (HELP) and Activity Guide. 3, 4, 14, 21, 25, 26, 32, 41, 46, 65.

HICOMP Curriculum. 22, 98.

LAP Curriculum: Learning Activities for the Young Handicapped Child. 4, 17, 46, 47, 78, 98, 104.

LAP Curriculum: Planning Guide to the Preschool Curriculum. 17, 25, 46, 47, 61, 98.

Learning Through Play (DLM Teaching Resources; Fewell & Vadasy). 8, 17, 35.

Let's Be Social. 36, 70, 71, 103, 104.

Let's Be Social Home Program. 71, 103.

Macomb 0-3 Core Curriculum. 86, 87.

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Peabody Experiences Kit. 25, 36, 71.

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Community Interaction Checklist. 79, 98.

Coping Inventory (Zeitlin). 39.

Family Adaptability and Cohesion Evaluation Scales (FACES). 14, 30, 60, 62.

Family Environment Scale. 30, 78.

Family Inventory of Life Events and Changes (FILE). 5, 39, 62, 74.

Family Inventory of Resources for Management (FIRM). 32, 74.

Family Resource Scale. 62.

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Holroyd Questionnaire on Resources and Stress. 66, 79, 98, 106.

Home Observation for the Measurement of Environment (HOME). 2, 5, 13, 15, 17, 20, 23, 46, 55, 66, 74, 77, 88.

Impact on Family Scale. 5.

Inventory of Parents' Experiences. 106.

Nursing Care Assessment Satellite Training (NCAST). 2, 19, 20, 66, 77.

Parent Behavior Progression. 51.

Parent Needs Assessment (WESTAR). 48, 59, 79, 86.

Parent Stress Index (Abidin). 5, 14, 15, 30, 35, 62, 78, 82, 86, 87.

Questionnaire on Family Support Systems. 77.

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START

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